5
Give My Regards to
Black Jack
Shuho Sato

Give My Regards to Black Jack

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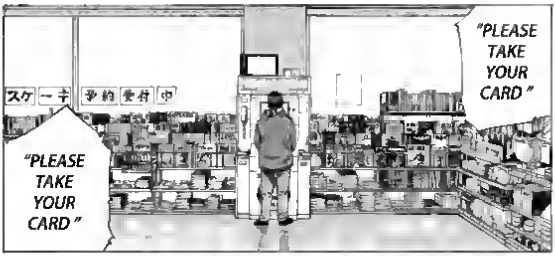
KA-CHUNK
紙幣


"PLEASE TAKE YOUR CARD"
"PLEASE TAKE YOUR CARD"

Almost three weeks 'til payday

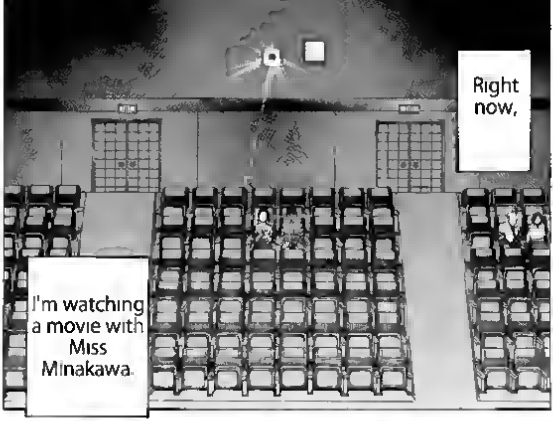
お取引
32
登録番号
手数料
¥0*
REMAINING BALANCE
¥9,200*
has finally dipped below $100
¥3,000*
My bank account

#38
Spending a Precious Day Off
COME ON!
1番館
2番館
3番館
ハタリアン
SEX
トリプルSEX
トラブルボール
ハタリアン
トリプルSEX
ムーボッター
ジョーズ
HURRY UP-- IT'S GOING TO START!

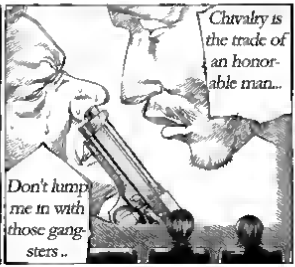
TWO ADULTS, PLEASE.
OH, HOW MUCH IS THAT?
DON'T WORRY ABOUT IT.

YOU DON'T HAVE A PART-TIME JOB NOW, RIGHT?
BESIDES, I INVITED YOU.

NURSES CAN'T REALLY COORDINATE DAYS OFF WITH THEIR FRIENDS.
AND TWO NURSE FRIENDS CAN JUST FORGET ABOUT IT.

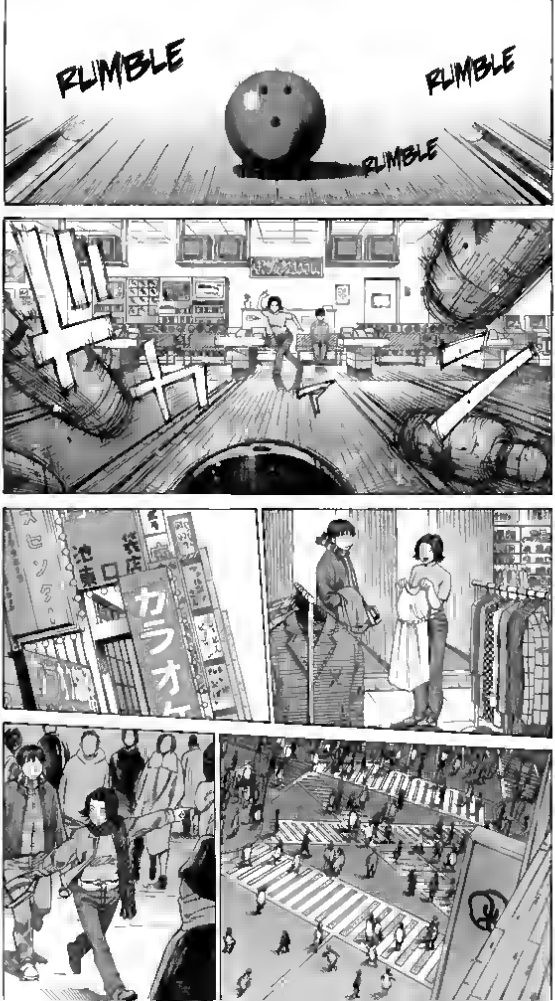

Right now,
I'm watching a movie with Miss Minakawa.

twinkle
twinkle
SHUT YOUR TRAAAP!
BANG BANG BANG


Chivalry is the trade of an honorable man...
Don't lump me in with those gangsters..

KABOOM
OOH!
AW, WHY NOT?
C'MON, NOT HERE!

YAKUZA MOVIES ARE THE GREATEST.
THE LIFE-AND-DEATH STRUGGLES ARE SUCH A THRILL!
IT'S NOT THE GOLDEN AGE OF THE '40S AND '50S,
BUT THAT'S THE BEST I'VE SEEN IN THE LAST FEW YEARS!
sigh Am I going to have to ask someone for a loan?
I can't ask my parents--not now.
COME ON.
LET'S GET OUT OF HERE.


RUMBLE
RUMBLE
RUMBLE
ゴゴゴ
カラオケ

WHAT'S WRONG?
YOU'VE BEEN SO DEEP IN THOUGHT.
HERE WE ARE, DOING ALL THIS,
WHILE THERE ARE CHILDREN SUFFERING IN THE NICU.
NO WONDER THOSE THOUGHTS ARE HAUNTING YOU.
THIS...
THIS IS THE FIRST TIME I'VE GONE OUT SINCE I BECAME AN INTERN.

YOU ACT LIKE YOU'RE SO SIMPLE...
DON'T YOU UNDER-STAND IT'S HURTING THOSE AROUND YOU?
DR. SAITO,
YOU'RE A LITTLE TOO SERI-OUS.

WORRY ALL YOU WANT, IF IT MAKES YOU HAPPY...
BUT YOU'LL JUST WIND UP ALL ALONE.
PIP
WHEN YOU LOOK ALL DISAP-POINTED, YOU REALLY KILL MY MOOD!

COME ON!
LET'S GRAB SOME DINNER.
...
I'm heading home
WEREN'T
YOU.
LISTENING?
Plus I'm broke
WAIT!
PIG
PIG

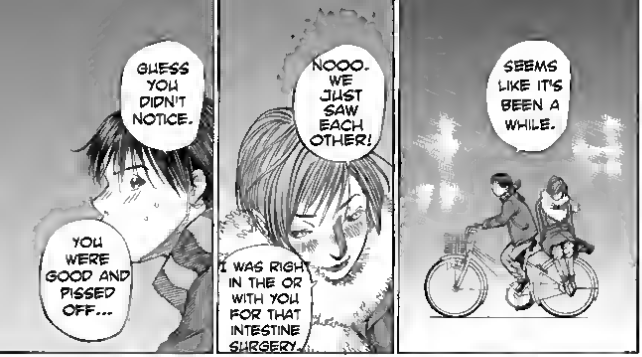
IS THERE
SOMEONE SPECIAL?

ゴトン
ゴトン
ゴトン
ゴトン
WE-ELL
IF IT ISN'T DR. SAITO!
Some-one special?
JR二鷹駅
北口

ARE YOU... DRUNK?
HOW Y DOIN'?
PAT
PAT
WOOHOOA

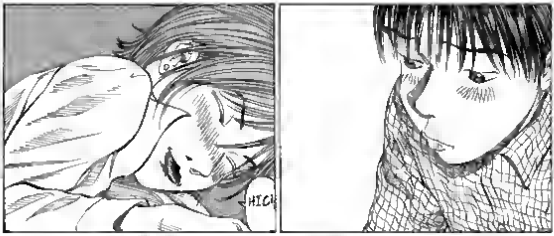
I'M ONE STATION DOWN THE LINE.
C'MON, HOW 'BOUT A LIFT?

CREAK
SQUEAK


GUESS YOU DIDN'T NOTICE.
YOU WERE GOOD AND PISSED OFF...
NOOO. WE JUST SAW EACH OTHER!
I WAS RIGHT IN THE OR WITH YOU FOR THAT INTESTINE SURGERY.
SEEMS LIKE IT'S BEEN A WHILE.

MMM. THIS FEELS GREAT!

COME INSIDE, HAVE SOME TEA!


HIC!

CAN I USE YOUR BATH-ROOM?
YUH...
しょぼ
しょぼ
しょぼ
ニ

?
BLINK BLINK
I, UH...
I'M HEAD-ING HOME!
SHLOOP

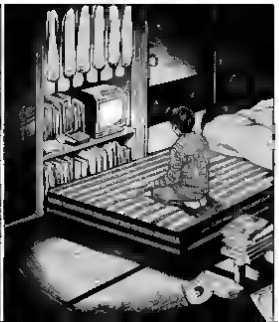
WHAT DO I WANT TO DO?
DAMM IT...

RENTAL VIDEO
Mall
RENTA
営業
OH, I'LL ENJOY MYSELF ALL RIGHT!

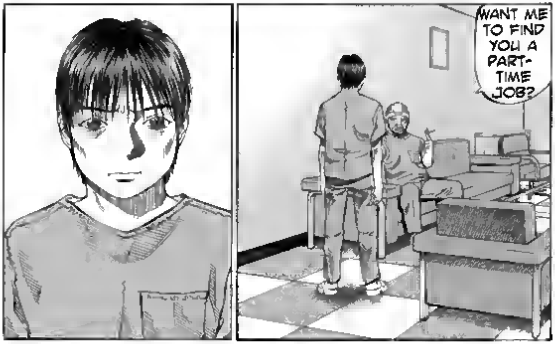
ADULT CORNER
No one under 18 allowed

THE PERVERSE NURSE
白鳥秋

CRACK
YOW!!
SHUT UP, PIG!
NO! FOR-GIVE ME!



WHAT ARE YOU? SAY IT!
A-A PIG!! I'M A HIDEOUS PIG!
I DON'T NEED ANY LIP FROM A CHEEKY INTERN!!
EEEYIKES!
ARRRRGH!

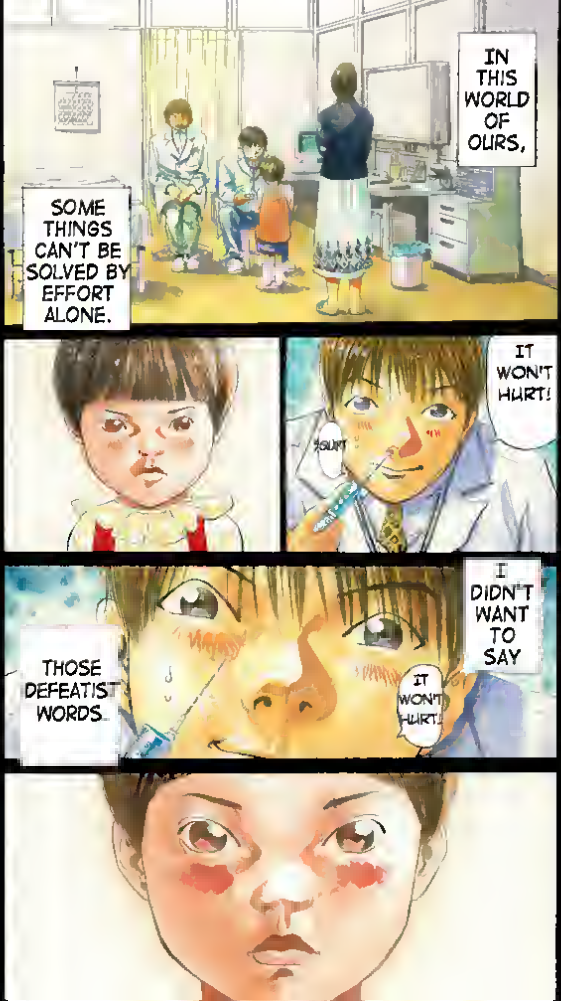

WANT ME TO FIND YOU A PART-TIME JOB?

LISTEN, SAITO,
SURE, BUT NOT IN THE NICU.
YOU KNOW THEY'RE SAYIN' PEDIATRICS IS IN A TIGHT SPOT RIGHT NOW.

HERE AT EIROKU,
AS PART OF PEDES, THE NICU IS IN THE RED, TOO, BUT...
THE WHOLE DEPARTMENT IS GOING INTO A SELF-PAYING SYSTEM, FOR FINANCIAL REASONS.
WE'RE STILL BETTER OFF THAN PEDES AS A WHOLE.

PEDIATRICS IS A REAL MESS...
ALL THAT MONEY TROUBLE, THEY WON'T BE AROUND IN TEN YEARS.

SAITO...
GO TO PEDES.

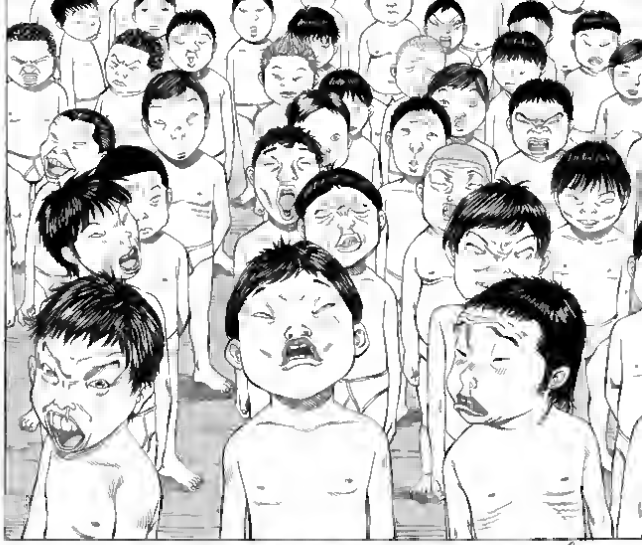

IN THIS WORLD OF OURS,
SOME THINGS CAN'T BE SOLVED BY EFFORT ALONE.
IT WON'T HURT!
ZSURT
I DIDN'T WANT TO SAY
THOSE DEFEATIST WORDS.
IT WON'T HURT!

#39
Pediarithmetic

MID-DECEMBER.
TODAY I STARTED IN PEDIATRICS.
I HAD SETTLED INTO MY TRAINING AT THE NICU.
AND CAME HERE FOR THE LAST FEW WEEKS OF MY INTERNSHIP.
WHERE DOES IT HURT?
I UHH
IN THIS WORLD OF OURS...
MY TUMMY.
ALL RIGHT WHERE ON YOUR HEAD DOES IT HURT?
MY HEAD...
OKAY, WHICH HURTS, YOUR HEAD OR YOUR TUMMY?

14.
15.
16.
I'M A SNAIL.
CRAWL
CRAWL
NO TIME TO DAWDLE.
WE'VE GOT TO SEE ALL THESE PATIENTS BY NOON.
16 PATIENTS.
DO WE STILL HAVE THAT MANY?
I WANNA GO HOME!
I WANNA GO HOME!
SO WHO'S GOING TO BE RESPONSIBLE IF SOMETHING HAPPENS!?
22
CAN'T YOU GIVE HIM MORE MEDICINE, DO MORE TESTS?
NO...IT REALLY IS JUST A COLD.

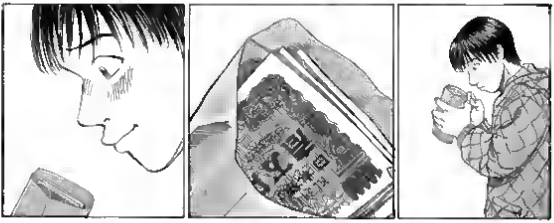
I NEVER EXPECTED THIS...
TO HAVE THAT MUCH TROUBLE GIVING ONE LOUSY SHOT...
ADULTS CAN EXPLAIN THEIR OWN SYMPTOMS, YOU SEE.
AND THEY DON'T COME WITH MOUTHY CARETAKERS.
STILL...
I DO LIKE CHILDREN.
SCHOOL CHECKUPS THIS AFTERNOON. URGENT REQUEST FROM THE MEDICAL ASSOCIATION--YOU'LL BE COMPENSATED.
HUH?
This is Dr Yasutomi, my attending.
He's an always-smiling, un-pediatrician pediatrician (says Takasago)

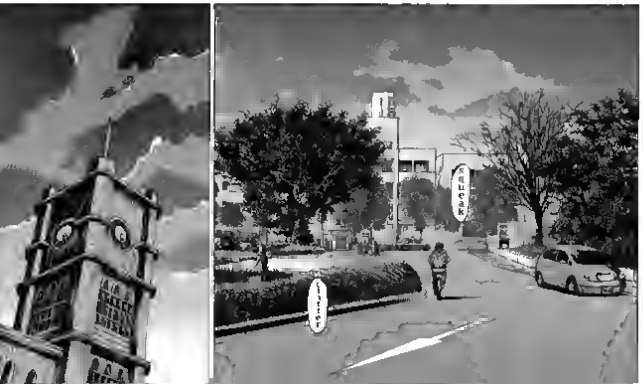


Are Americans blonde down there?
HEY! THAT WAS A SECRET!
Ozawa likes Mizuno!
QUIT PEEKIN'!
SERI-OUSLY?
Whoa! You got hair on your pee-pee!

DO YOU HAVE HAIR ON YOUR PEE-PEE?
I'LL SEE YOU IN COURT!
BUT, THAT'S SEXUAL HARASSMENT, SIR!
TELL ME, DOC! AM I GONNA DIE?!
BE HONEST--I CAN TAKE IT!

They're like alien beings



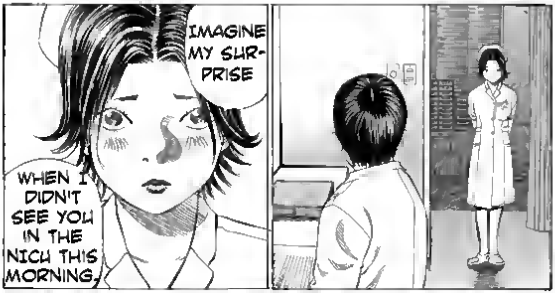

Jaaaaaa
Jaaaaaa

THANK YOU VERY MUCH.
I SHOULD BE ABLE TO MAKE IT ONE MORE MONTH.
AND...I THINK I CAN HANDLE IT HERE, TOO.
IT'S PRETTY ROUGH PHYSI-CALLY, THOUGH.

WOULD YOU LIKE TO JOIN US?
THERE HAVEN'T BEEN MANY ASPIRING PEDIATRI-CIANS LATELY.

YES, SIR!
YOU CAN START TODAY, WITH NIGHT DUTY.
I WOULD.
YOU'D REALLY ASK SOMEONE LIKE ME?

KNOCK
KNOCK


IMAGINE MY SURPRISE
WHEN I DIDN'T SEE YOU IN THE NICU THIS MORNING.

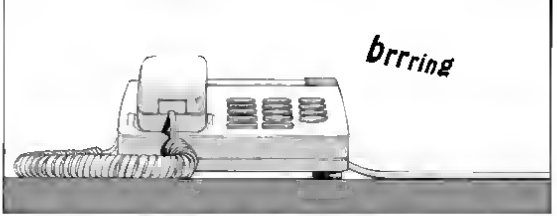
MISS MINAGAWA...
OH,

DR. SAITO,
WHAT IS IT YOU WANT TO DO?

THE WHOLE TANABE AFFAIR MAY BE OVER,
BUT REASSIGN-ING YOU SO SUDDENLY?
HUH?

YOU MIGHT HAVE SAVED A LIFE,
YEAH.
OH...

BUT YOU KNOW?
THAT DOESN'T CHANGE ANYTHING.
Skritch
Skritch
Skritch
SLAM
Skritch


brrring

NIGHT SHIFT STARTS NOW.
COME DOWN TO THE ER.

HELLO?

THE FEVER'S PROBABLY CAUSING THE CONVULSIONS, BUT WE'LL DO A SPINAL TAP TO MAKE SURE.
LET'S HOPE IT'S NOT MENINGITIS.
ER RECEIVING
DR. SAITO, OBSERVE HIM FOR A WHILE AND WRITE UP A DETAILED REPORT.
YES, SIR.
ARE THERE MORE NOW THAN DURING THE DAY?
NIGHTTIME HAS ITS OWN CIRCUMSTANCES.
YOU WERE SO PATIENT, WAITING 'TIL MOMMY CAME HOME FROM WORK!
CAN I HAVE ICE CREAM ON THE WAY HOME?
HEY!
I THOUGHT YOU'D BE EMPTY AT NIGHT! WHY ARE YOU SO BUSY?!

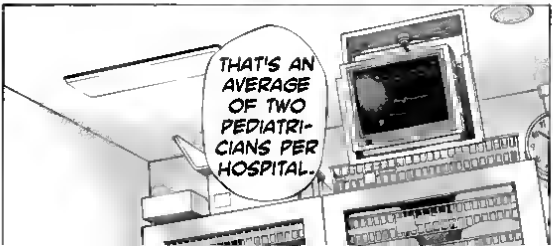
THE PARENTS CAN PUT UP WITH A COLD OF THEIR OWN.
BUT THEY CAN'T NEGLECT THEIR CHILDREN.
I SAID, THIS IS AN EMERGENCY!
HEY! MY KID WAS HERE FIRST!
STEP ASIDE!
THIS IS AN EMERGENCY!
NO MATTER HOW UNREASONABLE THE PARENT, YOU CAN'T ARGUE WITH THEM.
IT'S THE CHILDREN WHO SUFFER IN THE END.
SO YOU DON'T CARE WHAT HAPPENS TO MY KID, EH!?

CAN'T WE HIRE MORE STAFF?
SADLY, NO.
BUT IF THE PATIENTS PAY OUT OF POCKET, THEN...
WE SIMPLY CAN'T AFFORD MORE LABOR COSTS.
PEDIATRICS IS OPERATING AT A LOSS.
CHILDREN REQUIRE MUCH MORE TIME AND LABOR THAN ADULTS DO.
WE STRUGGLE, BUT WE CAN'T STAY AFLOAT...

AND IN THE PAST 5 YEARS, 300-PLUS HOSPITALS HAVE GOTTEN RID OF PEDES.
FEWER AND FEWER PEOPLE WANT TO BE PEDIATRICIANS.
BUSY AND IN THE RED.

AND ONLY A HANDFUL OF HOSPITALS SEE PATIENTS AT NIGHT.
PEDIATRICIANS WORK THE NIGHT SHIFT.

BUT ONLY 8,000 DOCTORS WORK THERE.
JAPAN HAS ABOUT 3,500 HOSPITALS WITH PEDIATRIC DEPARTMENTS.


THAT'S AN AVERAGE OF TWO PEDIATRICIANS PER HOSPITAL.

HERE AT EIROKU, WE HAVE 23.
OUR DEPARTMENT IS ONE OF THE LUCKY FEW.
ONLY TWO...
THERE ARE 5.89 MILLION CHILDREN 4 AND UNDER NATIONWIDE.
THOSE 5.89 MILLION ARE COVERED BY ONLY A FEW HOSPITALS.
CAN WE DO THAT?
IS IT EVEN POSSIBLE?
SO YOU AND I WILL BE IN CHARGE OF TENS OF THOUSANDS OF CHILDREN TONIGHT.
THAT'S TENS OF THOUSANDS NIGHT AT EACH ER.

OF COURSE IT ISN'T.

COUGH
COUGH
COUGH
WHAT'S WRONG?
COUGH
COUGH
HE'S GOT A BIT OF A FEVER.
SHOULDN'T WE TAKE HIM TO THE HOSPITAL?
IN THE MIDDLE OF THE NIGHT?
flip
flip
flip
EVERYTHING'S CLOSED.
NOW WHAT DO WE DO?
flip
flip
IT
IT
IT

GOFF
GOFF
HUFFH

TWIFF
TWIFF
TWIFF

RUSTLE
SQUISH
SQUISH
DAMN ...
WE SURE GOT SLAMMED TONIGHT.
RUSTLE
RUSTLE
YOU THINK SO?
THIS IS NOTHING.

#40
Becoming a Grown-Up

"911, WHAT'S YOUR EMER-GENCY?"
"IS THERE A FIRE? IS IT A MEDICAL EMER-GENCY?"
PANT
PANT
HELLO
A...MEDICAL EMERGENCY. MY SON IS... MY SON...
HE'S NOT BREATH-ING...
H...
HONEY?

THIS WAY!

12:22 AM: THE EMS TEAM ARRIVES.

HE'S NOT CONSCIOUS.
NO BLEEDING.
CHECK HIS RESPIRATION AND PULSE.

PSSSH
PSSSH
GET THE OXYGEN READY.
WE'LL DO MOUTH-TO-MOUTH AND CARDIAC MASSAGE.
AROUND WHAT TIME DID YOUR SON'S CONDITION GET WORSE?
MA'AM?

WE NEED A NEARBY HOSPITAL THAT CAN RESUSCI-TATE, STAT!
REPORT-ING FROM THE FIELD:
THE PATIENT IS A 2-YEAR-OLD MALE IN CARDIOPUL-MONARY ARREST.
PSSSH
PSSSH
TICK
TICK
TICK
TICK
PLEASE, TRY TO BE PATIENT.
THE COM-MAND AND CONTROL CENTER IS LOOKING FOR AN AVAILABLE HOSPITAL.
WILL IT TAKE MUCH LONGER?
ER...

I'M TERRIBLY SORRY.
WE DON'T HAVE A PEDIATRICIAN ON OUR NIGHT STAFF.
BUT YOU'RE THE ONLY PLACE SHOWING OPEN BEDS.
YOU CAN'T?

FULL
北慈中央病院 03-1063-
FULL
医療法人白央会 八辺村町11-55
竹史記念病院 03-1198-8795
FULL
医療法人吉世会 貝塚町3-14-7
銀杏総合病院 03-2666-5696
FULL
竹花台21-47
青戸弥病院 03-7988-2356

SHIK

YOU STILL CAN'T FIND A HOSPITAL?
PLEASE BE PATIENT!

SHIN!
SHIN!
SHIN!
SHIN!
THERE AREN'T ANY HOSPITALS NEARBY THAT CAN TAKE HIM.
WE'LL BROADEN THE SEARCH TO ALL OF TOKYO'S 23 WARDS.
WHY AREN'T YOU FINDING ANYTHING?
ISN'T THIS EXACTLY WHAT EMERGENCY ROOMS ARE FOR!?
SHIN!!

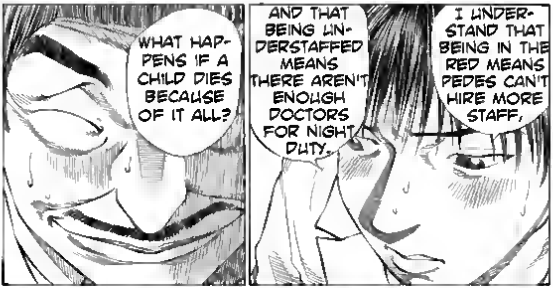
MEAN-
WHILE:

永禄大学附属病院
Eiroku University Hospital

HOW LONG IS THIS GOING TO TAKE?

PATIENTS WHO COME IN AROUND MIDNIGHT PROBABLY HAVE MORE THAN JUST THE SNIFFLES.
WHO KNOWS?

I DON'T GET IT.


WHAT HAPPENS IF A CHILD DIES BECAUSE OF IT ALL?
AND THAT BEING UNDERSTAFFED MEANS THERE AREN'T ENOUGH DOCTORS FOR NIGHT DUTY.
I UNDERSTAND THAT BEING IN THE RED MEANS PEDES CAN'T HIRE MORE STAFF.

THEY FIGURE IT CAN'T GO ON LIKE THIS.
EVERYONE ASKS THAT.

SO WHAT ARE YOU SUG-GESTING WE DO?

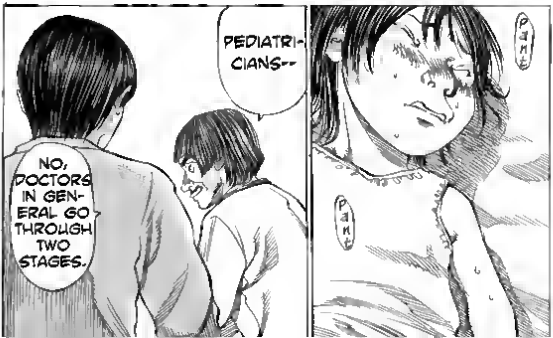
DR. SAITO,
LET ME CLEAR UP A LITTLE... MISCONCEP-TION.

LATELY THE MEDIA HAVE BEEN HARP-ING ON THE LACK OF PE-DIATRICIANS,
BUT THAT'S A LIE.
THERE ARE 11.2 PEDIA-TRICIANS FOR EVERY 100 THOU-SAND PEOPLE.
THAT'S ON PAR WITH OTHER DEVELOPED COUNTRIES.

WE DO NOT LACK FOR PEDIATRICIANS.
IN OTHER WORDS,
THIS SOUNDS FAMILIAR.
I HEARD IT AT THE HOSPITAL WHERE I WORKED PART-TIME.
SO WHY ARE THEY SAYING THERE AREN'T ENOUGH?
DO YOU KNOW?
YES--
IT'S THE HOSPITALS.

Squirt
IF THEY CLOSE 1/10 OF OUR HOSPITALS AND CLINICS
AND PUT ALL THE PEDIATRICIANS TOGETHER, WE'D HAVE MORE NIGHTTIME CARE FACILITIES.
THE RATIO OF INPATIENT FACILITIES TO POPULATION IN JAPAN
IS ABOUT 10 TIMES THAT IN THE WEST.

THEN
WHY DON'T THEY?


PEDIATRICIANS--
NO, DOCTORS IN GENERAL GO THROUGH TWO STAGES.
HUH?
HUH?

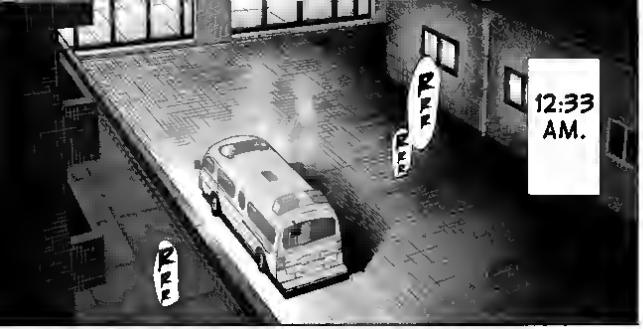
THE FIRST STAGE FINDS THEM ABLAZE WITH A SENSE OF MISSION,
PURSUING IDEALS.

SOME-TIME AFTER THAT,
THEY GIVE ALL THAT UP AND JUST QUIETLY ATTEND TO THE PATIENTS BEFORE THEM.

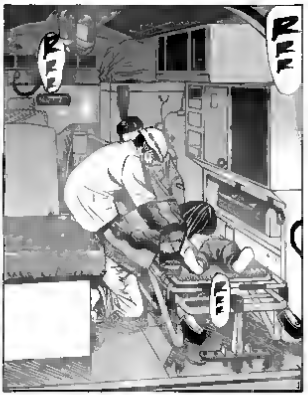
GOOD QUES-TION.
I CAN TELL YOU THIS MUCH:

D-DOCTOR YASU-TOMI...
ARE YOU TRYING TO SAY YOU'RE AT THE SECOND STAGE?

EVERY DOCTOR GETS THERE
SOONER OR LATER.
ピーポー
ピーポー
ざわざわ
ピーポー


12:33 AM.
RRR
RRR
RRR

Shim..
Shim..
Shim..


RRR
RRR
RRR

BEEP-BEEP-
BEEP-BEEP-
THERE'S ONE RIGHT UNDER YOUR NOSE!
IT'S JUST THAT THE HOSPITAL--
IT'S BEEN MORE THAN 10 MINUTES.
WHY ARE WE STILL SITTING HERE?

RING
RING
RING

HELLO?
I SEE... YES, VERY RISKY INDEED...
AND YOU'D LIKE US TO ADMIT THIS 2-YEAR-OLD BOY?
JUST A LITTLE LONGER ...
JUST A LITTLE LONGER AND THE DOCTOR WILL SEE YOU.
ざわ
ざわ
ざわ

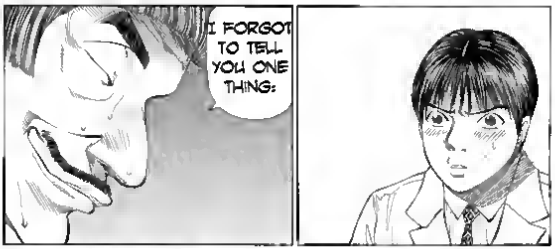
WE CAN'T ADMIT HIM.
ALL OUR BEDS ARE FULL AT THE MOMENT.

CLICK

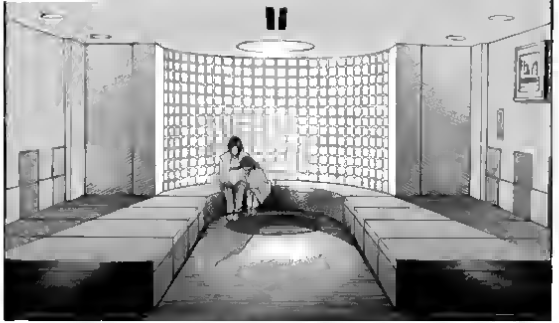
BUT... WHY?
ISN'T IT OBVIOUS?
Hi
Hi
Hi

SO
ARE WE JUST GOING TO GIVE UP ON HIM?
THAT BOY'S GOING TO NEED SURGERY TONIGHT.
WE'D HAVE TO CALL A MEETING WITH THE SURGICAL TEAM.

DO YOU THINK
IF WE BROUGHT HIM HERE, WE COULD SAVE HIM?


I FORGOT TO TELL YOU ONE THING:

IF YOU DON'T HURRY UP, GROW UP, AND GET TO THAT SECOND STAGE,
YOU'LL KILL SOMEBODY ONE OF THESE DAYS.



DR. SAITO,
ONCE THIS IS OVER, I'D LIKE YOU TO DO ROUNDS IN THE WARD.
FINALLY, ONE MORE TO GO.

IT'S ALMOST TIME
FOR THE REST OF THE INTERNS TO START COMING IN.

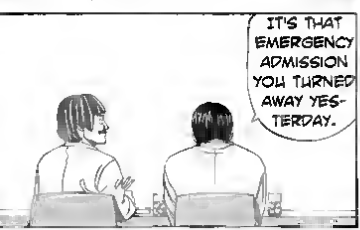
6
24

41
An Ordinary Doctor

RATTLE
RATTLE
RATTLE
ACK-HE'S WET THE BED...
HAI
EVIL SPIRITS, BEGONE!
YAAAAA RGH!
NUH-UH!
60
小児科
NO SHOTS!
101~120
121~130
131~140
141~151
WAAAH!
WHAT'S WRONG, MISTER?
DO YOU HAVE A FEVER?
TUG

FEEL BETTER...

A 36-HOUR SHIFT WITH NO SLEEP IS A MATTER OF COURSE HERE.
AND YOU'LL DO IT WITH A SMILE ON YOUR FACE!
DR. SAITO!
SMILE! YOU HAVE TO SMILE!


IT'S THAT EMERGENCY ADMISSION YOU TURNED AWAY YESTERDAY.

IS THERE SOMETHING YOU'D LIKE TO SAY?
GO AHEAD AND TELL ME--I DON'T MIND.

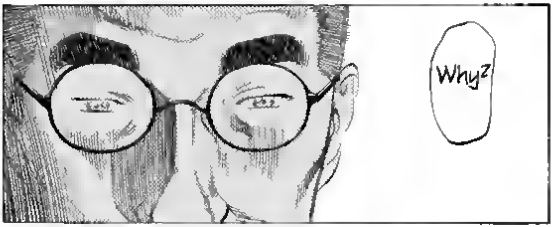
AND YET...
IT MEANT THAT THE ONE WE TURNED AWAY...

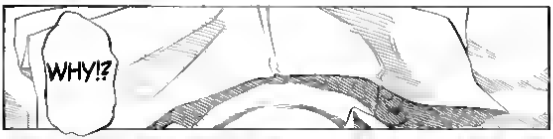
WE COULDN'T ABANDON THE PATIENTS WE'D ADMITTED,
AND THE CHILDREN IN THE WAITING ROOM WERE ALL SERIOUS CASES.

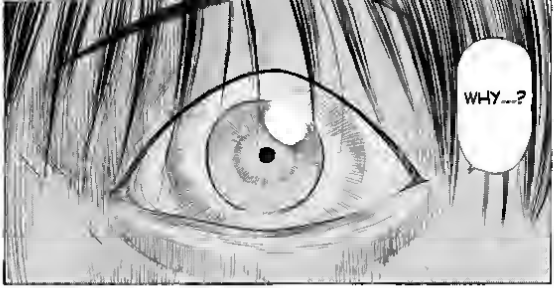
I KNOW WE WERE SWAMPED YESTERDAY.
EVEN THE EMERGENCY CR WAS FULL.

THAT BOY?
APPAR-ENTLY, HE DIED.

Why?


Why?


WHY!?


WHY...?

IT WAS A TERRIBLY UNFORTU-NATE OUTCOME.
BUT AT THE TIME, OUR HANDS WERE TIED.

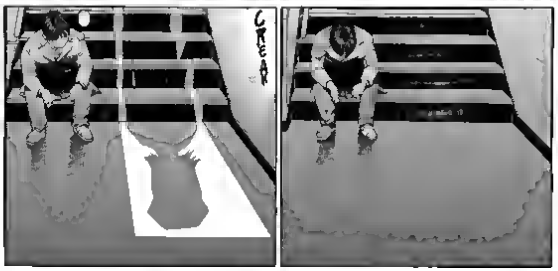
REALLY? THERE WAS NOTHING WE COULD DO-- NOTHING!?

HEY, IT'S HIM!
IT'S THAT BRAT...
FOR YOU TO SAY THAT NOW...?
WELL, I SUPPOSE HINDSIGHT IS 20/20.
IT WAS PHYSICALLY IMPOSSIBLE TO ADMIT THAT CHILD.
IF YOU CAN'T TAKE RESPONSIBILITY FOR THE PATIENT BEFORE YOU,
IN THIS WORLD, TENACITY AND EFFORT AREN'T THE ANSWER.
YOU AREN'T QUALIFIED TO BE A DOCTOR.

SO, REALLY,
YOU DON'T WANT TO LET YOURSELF THINK YOU WANT TO BE A PART OF THAT.

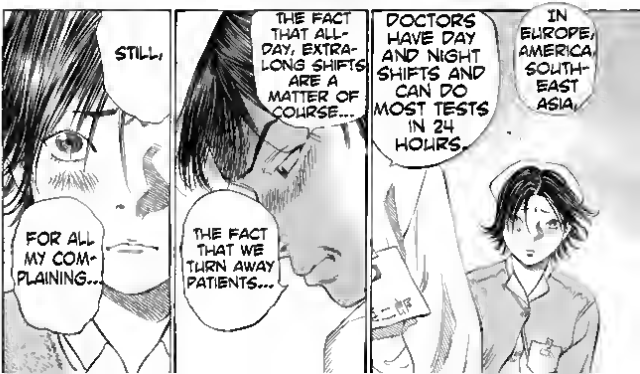
...
YOU'RE WRONG. --

TRYING TO JUSTIFY YOURSELF BY DENYING ME
IS NOTHING MORE THAN SELF-SATISFAC-TION.


CREAK

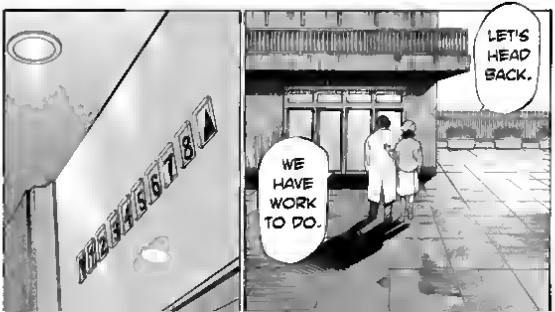
IT CAN'T BE HELPED.

BUT
IT'S ONLY IN JAPAN...


STILL,
FOR ALL MY COMPLAINING...
THE FACT THAT ALL-DAY, EXTRA-LONG SHIFTS ARE A MATTER OF COURSE...
THE FACT THAT WE TURN AWAY PATIENTS...
DOCTORS HAVE DAY AND NIGHT SHIFTS AND CAN DO MOST TESTS IN 24 HOURS.
IN EUROPE, AMERICA, SOUTH-EAST ASIA,

I'M TELL-ING YOU,
STOP BLAMING YOUR-SELF.

IT'S NOT YOUR FAULT!

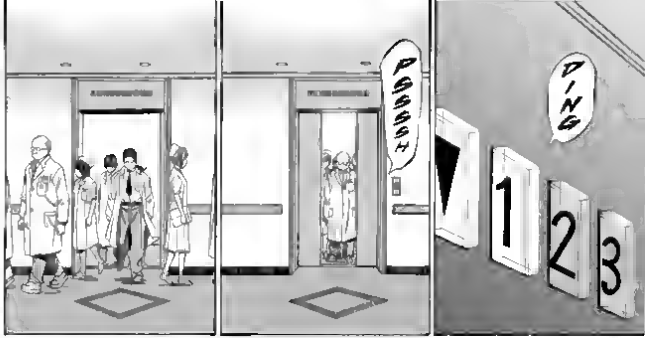

LET'S HEAD BACK.
WE HAVE WORK TO DO.

DING
2
3
4
HUHH
HUHH

PSSS

TOK
TOK
MISS AKAGI. ..
OH,

WHO'S THAT?
UH...
HUH?
ADMIT IT: YOU'RE RELIEVED.
I MEAN,
AT LEAST YOU DIDN'T KILL HIM, RIGHT?

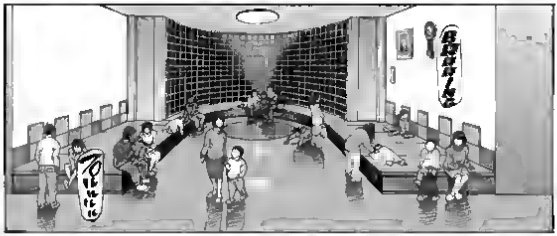

PSSSH
DING
1
2
3

WHAT'S WITH HER?
WOW, SHE'S NASTY!

I WAS RELIEVED.
I WAS.

LOOK, YOU'RE NOT A BAD PERSON, OKAY!?
I WAS RELIEVED.
EVEN THOUGH A PERSON DIED,

BRRRING
BRRRING


BRRRING
TO
TO
TO

AND YOU'D LIKE TO TRANS-PORT THE PATIENT HERE.
UH-HUH.
HELLO?

I APOLO-GIZE.
I'M AFRAID WE'RE FULL AT THE MOMENT...

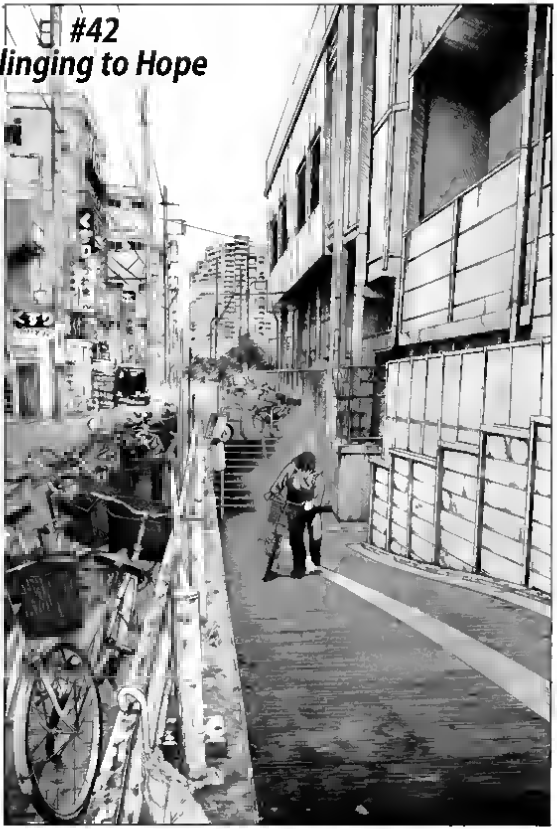
Thus
my time in pedes began to come to a close.

I WASN'T HERE FOR LONG,
BUT THANK YOU FOR EVERY-THING.

AND, UH...
MAY I ASK YOU ONE LAST THING?

DR. YASU-TOMI,
WHY ARE YOU STILL A PEDIATRI-CIAN?

#42
Clinging to Hope



It was a new year

I celebrated a late New Year at my apartment

I worked a 3-day shift at the hospital over New Year's Eve
That was the end of my pedes internship

I didn't send out any cards
It would have been rude to the patients who'd died

ギシ…

"I'M NOT HOME RIGHT NOW. PLEASE LEAVE A--"
BEEP!
BEEP!
BEEP!
BEEP!
BEEP!

WE'RE HAVIN' A LATE NEW YEAR PARTY! HURRY UP!
GET YER ASS OVER TO MY PLACE!
むっ
WHADDYA THINK YOU'RE DOIN', NOT SENDIN' ME A CARD!?
SAITO! IT'S TAKASAGO!

TO THE SUCCESS OF THE NEONATOLOGY DEPARTMENT...
CHEERS!
THAT'S THE TENTH ONE...
PARDON THE MESS!
NICE TO MEET YOU, MRS. TAKASAGO, RIGHT?
HAPPY NEW YEAR.
YEAH... YOU, TOO.
GIMME NEW YEAR MONEY!
GIMME!
GIMME!
To the neonatology department...

YOU THINK DR. YASUTOMI IS A BAD GUY?

ZZZ

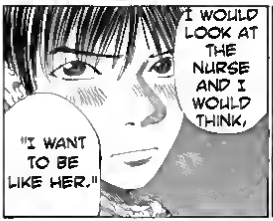
HE STILL DOES A FEW ROUNDS OF NIGHT DUTY A WEEK, EVEN AT HIS AGE.
IT'S PRETTY MUCH COMMON SENSE TO LEAVE IT TO THE LOW INTERN ON THE TOTEM POLE.

I'M SURE YOU HAVE YOUR OWN WAY OF DOING THINGS.
THERE'S MORE THAN ONE WAY TO SKIN A CAT.

I WANT TO SEE YOU TEN YEARS DOWN THE ROAD.
SO KEEP AT IT.

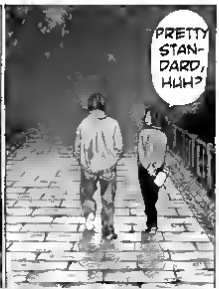
WHY ARE YOU STILL A PEDIATRICIAN?
DR. YASUTOMI,

WHY DO YOU THINK YOU BECAME A NURSE?
HEY,

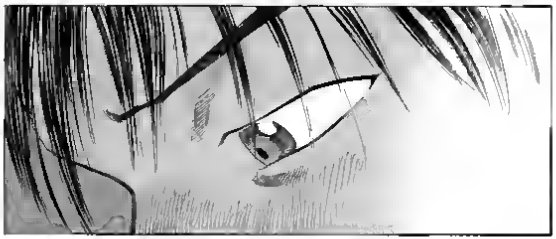

I WOULD LOOK AT THE NURSE AND I WOULD THINK,
"I WANT TO BE LIKE HER."

I WAS IN THE HOS-PITAL MORE OFTEN THAN I CAN COUNT.
I WAS A FRAIL CHILD.

WHY DID YOU BECOME A DOC-TOR?
WHAT ABOUT YOU?


PRETTY STAN-DARD, HUH?

YEAH, WHY DID I...?

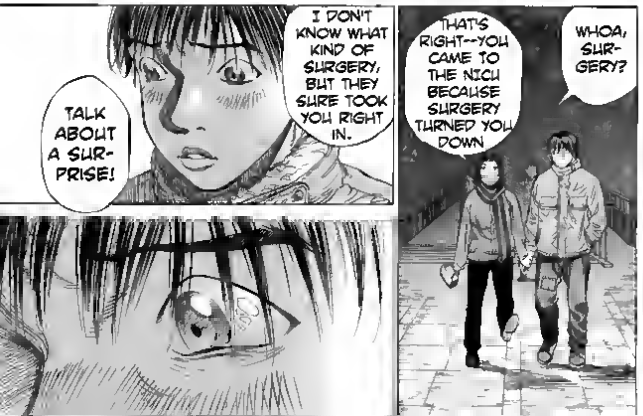


DR YASUTOMI,
WHY ARE YOU STILL A PEDIATRICIAN?

IF I DIDN'T DO IT,
WHO WOULD?

slip
IT SURE IS COLD.

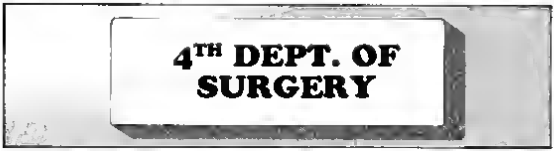
SUR-
GERY.
NOW
THAT
YOU
MEN-
TION IT,
WHERE'S
YOUR
NEXT
INTERNING
GIG?

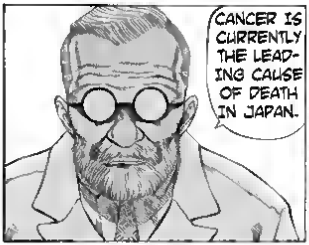

I DON'T
KNOW WHAT
KIND OF
SURGERY,
BUT THEY
SURE TOOK
YOU RIGHT
IN.
TALK
ABOUT
A SUR-
PRISE!
THAT'S
RIGHT--YOU
CAME TO
THE NICU
BECAUSE
SURGERY
TURNED YOU
DOWN
WHOA,
SUR-
GERY?

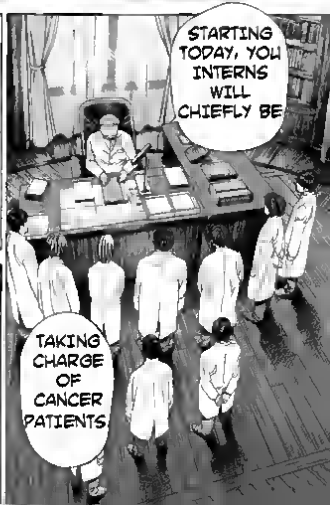
I...
I HAVE NOTHING.

NO REASON FOR BECOMING A DOCTOR,
NO IDEA WHAT KIND OF DOCTOR TO BE,
NOTHING.
I HAVE NOTHING.
IF THIS KEEPS UP,
I'LL HAVE NOWHERE TO GO.

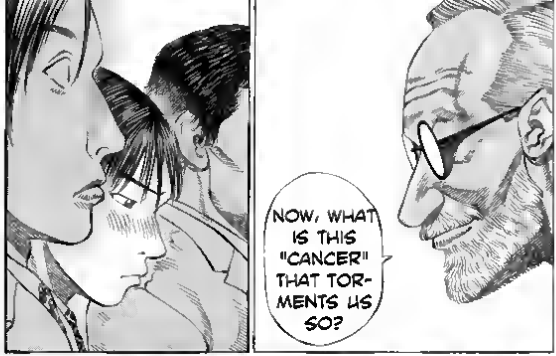
JAN-
UARY
5


4TH DEPT. OF
SURGERY


CANCER IS CURRENTLY THE LEADING CAUSE OF DEATH IN JAPAN.

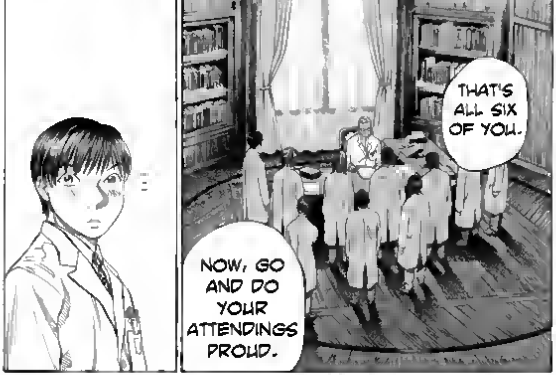

STARTING TODAY, YOU INTERNS WILL CHIEFLY BE
TAKING CHARGE OF CANCER PATIENTS.

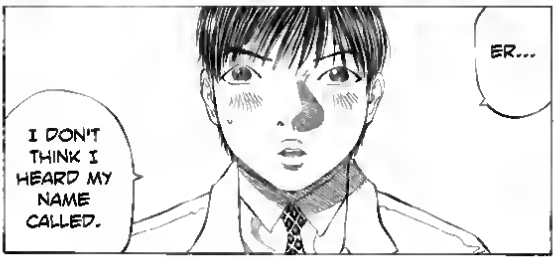
ONE IN TWO PEOPLE WILL EXPERIENCE CANCER DURING HIS OR HER LIFE,
AND FOR ONE IN THREE, IT WILL BE FATAL.


NOW, WHAT IS THIS "CANCER" THAT TORMENTS US SO?

IT SOUNDS LIKE A PARADOX.
BUT THERE IS NO SUCH ILLNESS AS CANCER.

WELL...
I'M SURE YOU'LL UNDERSTAND WITH TIME.
LET ME TAKE ATTENDANCE HERE...
DR. YOKO KAZUKA
HERE.
DR. SHIN'YA DOI
HERE.
DR. KATSUNOBU SAKURAI
HERE.

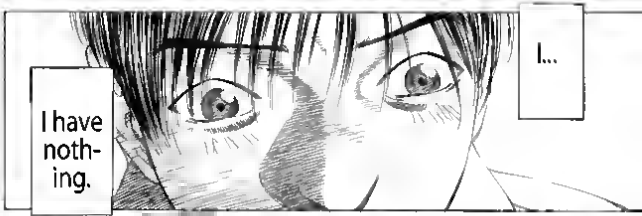

THAT'S ALL SIX OF YOU.
NOW, GO AND DO YOUR ATTENDINGS PROUD.

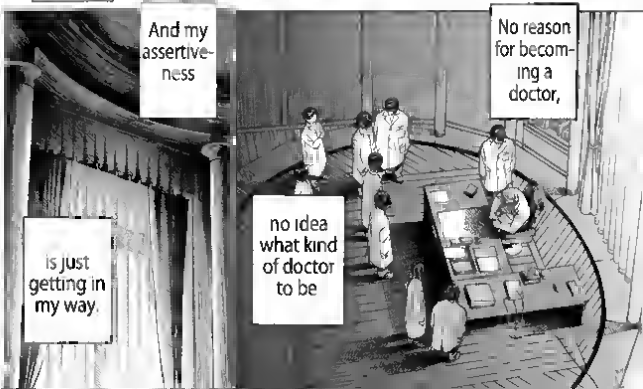

ER...
I DON'T THINK I HEARD MY NAME CALLED.

Flip
EIJIRO SAITO, FIRST YEAR.
SAITO.
AND WHO ARE YOU?

IT'S RIGHT HERE!
MY NAME IS RIGHT HERE... ISN'T IT?
...
BUT THAT'S-
-
NEWS TO ME.
I DETEST PEOPLE WHO DON'T KNOW THEIR PLACE.
IF YOU DON'T DETECT AND DESTROY THEM EARLY, THEY'LL KEEP MULTIPLYING.
CANCER CELLS.

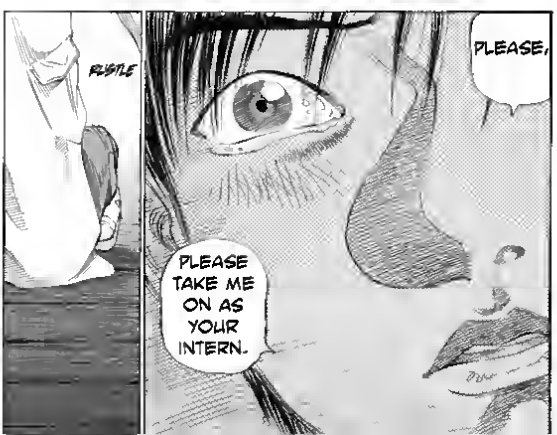
DO YOU UNDER-STAND
WHAT I'M TRYING TO SAY?


I...
I have noth-ing.

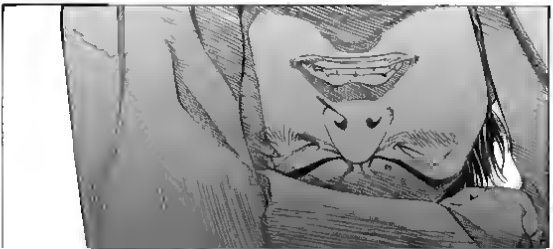

No reason for becom-ing a doctor,
And my assertive-ness
is just getting in my way.
no idea what kind of doctor to be

I...
I WON'T DO ANYTHING TO OPPOSE YOU, SIR.

THOSE THINGS I'VE SAID AND DONE,
I WAS WRONG--I SEE THAT NOW.

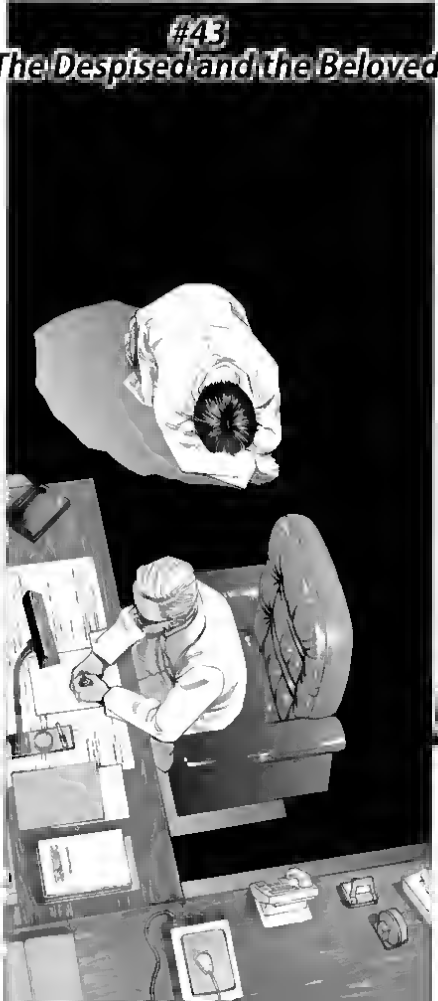

RUSTLE
PLEASE,
PLEASE TAKE ME ON AS YOUR INTERN.

I BEG OF YOU...

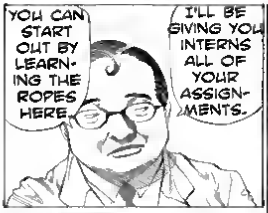


Eijiro,
you don't have to worry about money
Go on and walk that path...
...you've chosen for yourself.
$200 THOUSAND TO GET INTO SCHOOL
DID I HAVE ANY IDEA WHAT THAT MONEY MEANT?
I JUST HAD A VAGUE ADMIRATION FOR
THE EIROKU BRAND AND THE MERE IDEA OF TOKYO.

#43
The Despised and the Beloved

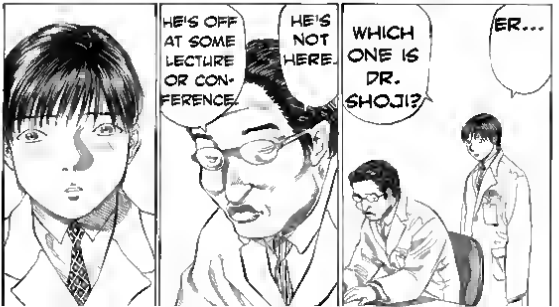


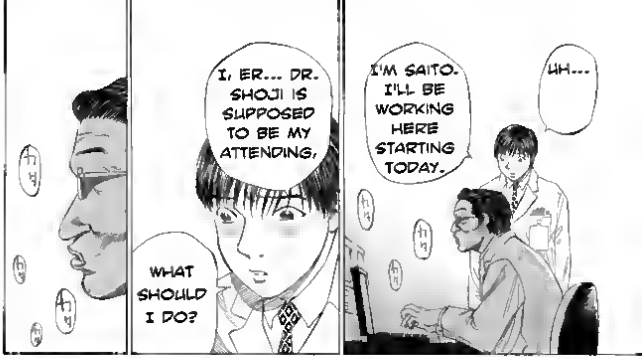
WHY DID I BECOME A DOCTOR!?

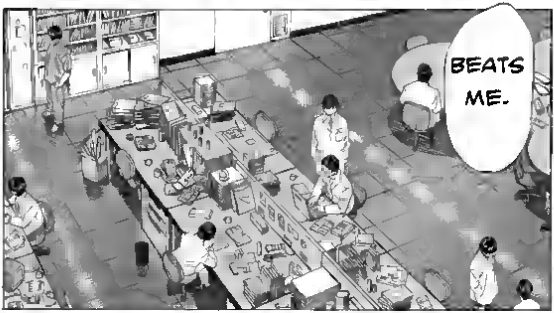

YOU CAN START OUT BY LEARNING THE ROPES HERE.
I'LL BE GIVING YOU INTERNS ALL OF YOUR ASSIGNMENTS.

GO AHEAD, SIR.
THANK YOU FOR HAVING US!

WE'LL DO OUR BEST!

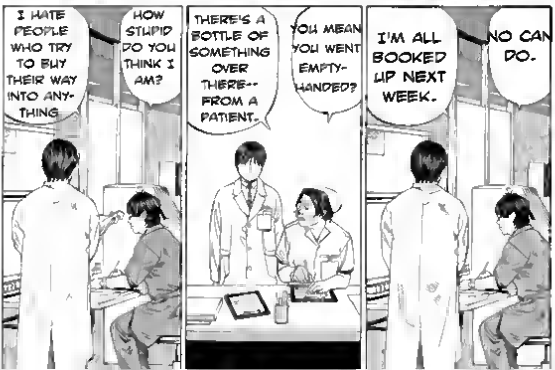

HE'S OFF AT SOME LECTURE OR CONFERENCE.
HE'S NOT HERE.
WHICH ONE IS DR. SHOJI?
ER...


I, ER... DR. SHOJI IS SUPPOSED TO BE MY ATTENDING.
WHAT SHOULD I DO?
I'M SAITO. I'LL BE WORKING HERE STARTING TODAY.
UH...

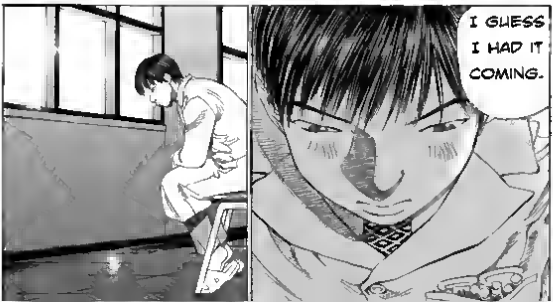

BEATS ME.

5F NURSES' STATION
Nurses Station 900

'SCUSE ME.
IS THERE ANYTHING I CAN DO?
THINK YOU CAN TAKE THIS PATIENT DOWN TO CT #2?
AFTER THAT, RESERVE THESE TESTS WITH THE LAB TECH.


I HATE PEOPLE WHO TRY TO BUY THEIR WAY INTO ANY-THING.
HOW STUPID DO YOU THINK I AM?
THERE'S A BOTTLE OF SOMETHING OVER THERE-- FROM A PATIENT.
YOU MEAN YOU WENT EMPTY-HANDED?
I'M ALL BOOKED UP NEXT WEEK.
NO CAN DO.

NEVER MIND!
JUST STAY OUT OF MY WAY, ALL RIGHT?


I GUESS I HAD IT COMING.

Admit it. you're relieved.
I'm telling you, stop blaming yourself.
It's not your fault!
THE SUN SURE IS NICE AND WARM TODAY...
I THINK ...
I'LL ASK MISS MINAKAWA OUT.

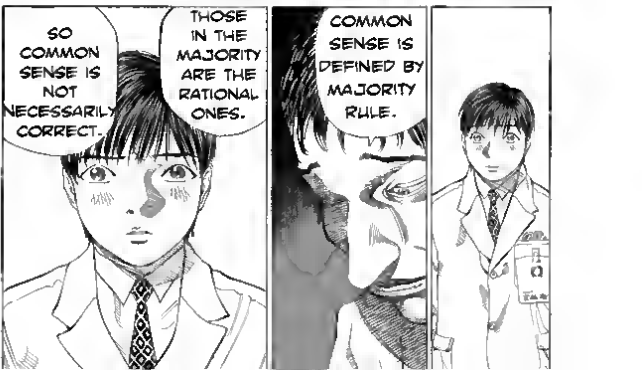
ZZZ
ZZZ

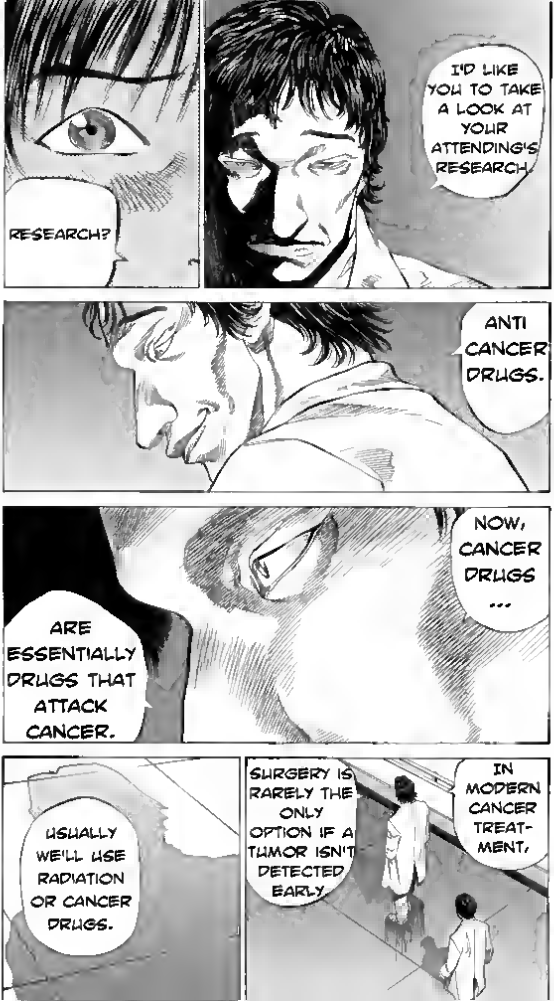
TOK
TOK
TOK

DR. SAITO,
WAKE UP.
がば.
I--
I'M SO SORRY!
DR. SAITO ...
DR. SAITO...
I'M USAMI, FROM 4TH SURGERY.
COME WITH ME.

EOK
EOK
EOK
EOK
EOK
EOK
WHERE ARE WE GOING?

DO YOU CONSIDER YOURSELF AN IRRATIONAL PERSON?

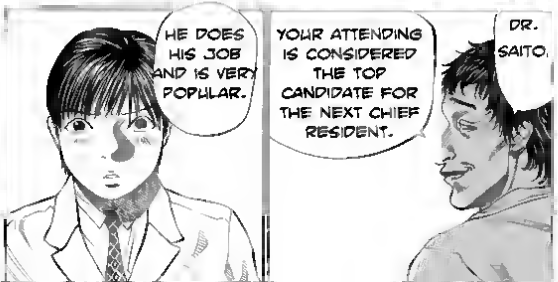

SO COMMON SENSE IS NOT NECESSARILY CORRECT.
THOSE IN THE MAJORITY ARE THE RATIONAL ONES.
COMMON SENSE IS DEFINED BY MAJORITY RULE.


I'D LIKE YOU TO TAKE A LOOK AT YOUR ATTENDING'S RESEARCH.
RESEARCH?
ANTI CANCER DRUGS.
NOW, CANCER DRUGS ...
ARE ESSENTIALLY DRUGS THAT ATTACK CANCER.
IN MODERN CANCER TREAT-MENT,
SURGERY IS RARELY THE ONLY OPTION IF A TUMOR ISN'T DETECTED EARLY.
USUALLY WE'LL USE RADIATION OR CANCER DRUGS.

SHOJI, YOUR ATTEND-ING,
USES PATIENTS IN HIS CANCER DRUG RESEARCH.
TO PUT IT SIMPLY, IT'S HUMAN EXPERIMENTA-TION.
TOK
WELL,
PATIENT COOPERA-TION DOES DRIVE THE ADVANCE OF MEDICINE...

CANCER DRUGS ARE INDISPENSABLE TO CANCER TREATMENT
THAT'S "COMMON SENSE" IN THIS COUNTRY.
HOW IS EVERYONE?

WHERE'S DR. SHOJI?
NEVER MIND YOU-- BRING HIM BACK.
OH,
YOU AGAIN.
TOK
TOK


HE DOES HIS JOB AND IS VERY POPULAR.
YOUR ATTENDING IS CONSIDERED THE TOP CANDIDATE FOR THE NEXT CHIEF RESIDENT.
DR. SAITO.

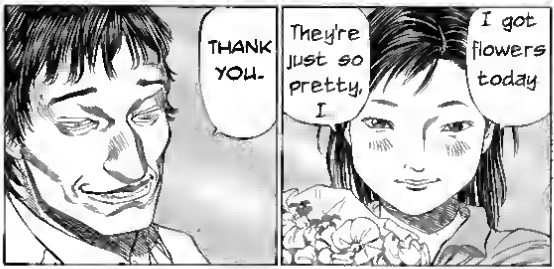
SIR!
NOT IN FRONT OF THE PATIENTS...
IF YOU HAD CANCER, WOULD YOU WANT TO KNOW?
BY THE WAY...

I DO NOT USE CANCER DRUGS ON MY PATIENTS.
PERSONALLY,

ISN'T A BAD THING.
GIVING UP

THESE PEOPLE
HAVE CANCER.

OH, IT'S VERY LOGICAL.
HE USES CANCER DRUGS.
WHAT'S THE CHIEF RESIDENT'S TREATMENT STRATEGY, THEN?
S-SO...
BECAUSE THAT'S...
THEN THAT'S WHAT I'LL DO!
Doctor
TOK
TOK
TOK


I got flowers today
They're just so pretty, I
THANK YOU.

You
you're my god.

What was that all about!?

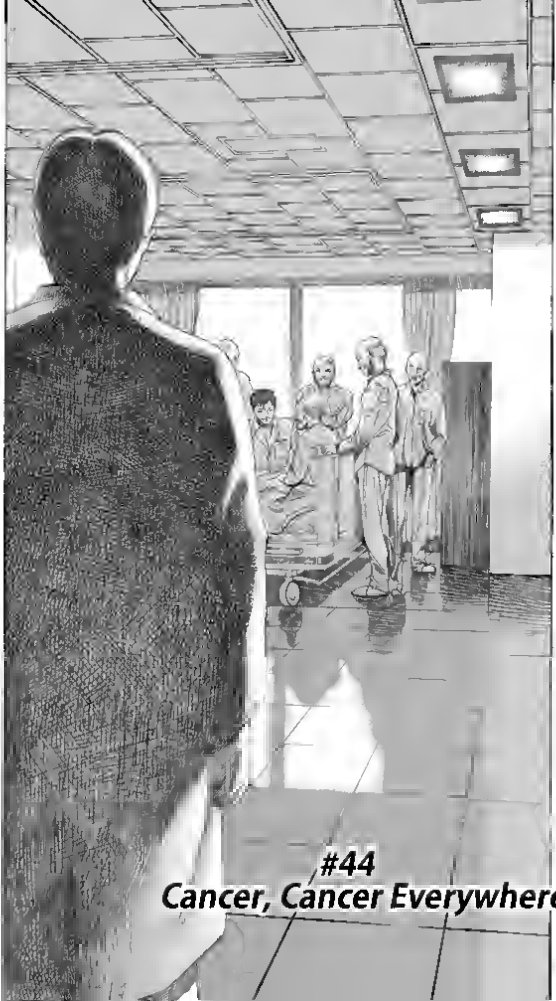
I'M SHOJI, YOUR ATTENDING.
NICE TO MEET YOU!
DR. SAITO?
DR. SAITO? IS THAT YOU?
What's going on here?

JUST CALL ME SHO!

WELL, THAT FLOPPED.
...NO?

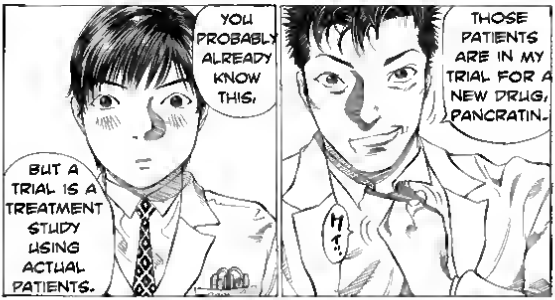
Candidate for chief resident —this guy?
What have I gotten myself into?

*Tumor markers, one measure of cancer treatment/diagnosis



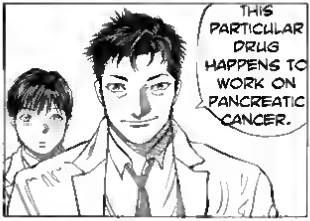
#44
Cancer, Cancer Everywhere

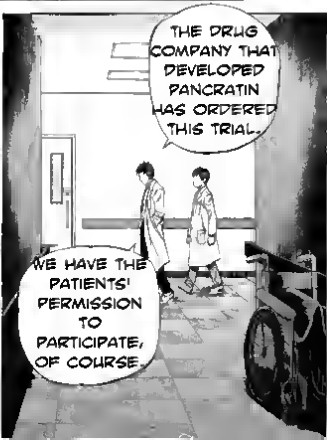
THIS TIE IS KILLING ME.
PHEW!

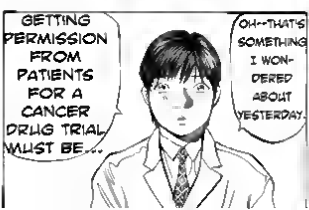

BUT A TRIAL IS A TREATMENT STUDY USING ACTUAL PATIENTS.
YOU PROBABLY ALREADY KNOW THIS.
HM...
THOSE PATIENTS ARE IN MY TRIAL FOR A NEW DRUG, PANCRATIN.

?
STILL...
NOT SO FAST!
YOU HAVE TO WATCH THESE THINGS CAREFULLY BEFORE YOU CAN SAY FOR SURE.
I WAS SURPRISED TO SEE IT WORKING SO WELL.
IT'S REALLY AMAZING.

I'M PRETTY HAPPY!


THIS PARTICULAR DRUG HAPPENS TO WORK ON PANCREATIC CANCER.


THE DRUG COMPANY THAT DEVELOPED PANCRATIN HAS ORDERED THIS TRIAL.
WE HAVE THE PATIENTS' PERMISSION TO PARTICIPATE, OF COURSE.


GETTING PERMISSION FROM PATIENTS FOR A CANCER DRUG TRIAL MUST BE...
OH--THAT'S SOMETHING I WONDERED ABOUT YESTERDAY.

OH, WE TELL THEM.

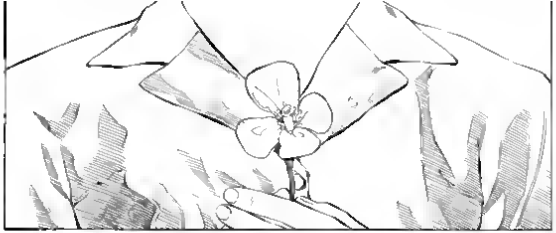
LISTEN, SAITO..
WHAT IS DISCLO-SURE, ANYWAY?

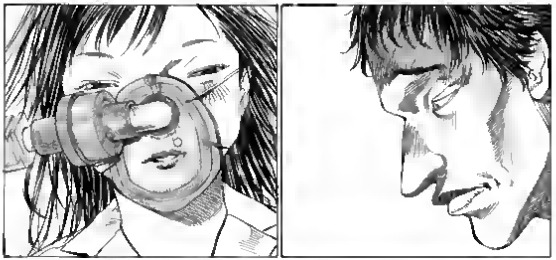
WOULD YOU WANT TO KNOW?
IF YOU HAD CANCER,

I'D WANT TO KNOW WHAT'S GOING ON WITH MY OWN BODY.
I GUESS I WOULD... I THINK.
MAYBE ...
AND IF IT WERE INCURABLE,
I'D WANT TO MAKE THE MOST OF THE TIME I HAD LEFT.
ALL RIGHT.
HOW ABOUT IF A FAMILY MEMBER HAD CANCER?
I WOULDN'T WANT THEM TO KNOW TOO MUCH.

I...I GUESS THAT'S PRETTY CONTRADICTORY, BUT...
I JUST WOULDN'T WANT TO HURT THEM.
WHEN SURVEYED,
MORE THAN HALF THE RESPONDENTS ANSWERED THE SAME WAY.
BUT DID YOU NOTICE
THAT THE QUESTION IS MISSING A CRITICAL ASSUMPTION?
WELL, FOR NOW YOU CAN HELP ME ORGANIZE THIS TEST DATA
WE'VE GOT A CONFERENCE TODAY

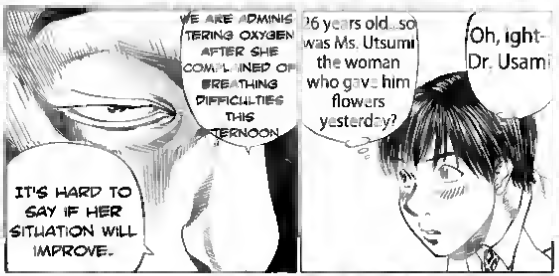
BOY, ARE YOU LUCKY.
MAYBE YOU'RE UNLUCKY.
OR, WAIT --
UNFORTU-NATELY, THEY'RE QUITE GOOD.
THEN YOU SHOULD.
NO...
HAVE YOU EVEN READ ANY OF DR. SHOJI'S PAPERS?





...AND THE SURGERY CONCLUDED WITH RECONSTRUCTION VIA A BILLROTH I PROCEDURE.
NOW FOR THE NEXT CASE.
DR. USAMI?
TO
K

THE PATIENT IS MADOKA UTSUMI.
A 26-YEAR-OLD OFFICE WORKER.


WE ARE ADMINISTERING OXYGEN AFTER SHE COMPLAINED OF BREATHING DIFFICULTIES THIS AFTERNOON.
IT'S HARD TO SAY IF HER SITUATION WILL IMPROVE.
26 years old...so was Ms. Utsumi the woman who gave him flowers yesterday?
Oh, right- Dr. Usami

WE'RE CONTROLLING HER PAIN WITH 120 MG OF MS CONTIN, BUT WALKING IS DIFFICULT.
IT HAS METASTASIZED TO THE RIBS, THE LEFT FEMUR HEAD, AND TO THE 3RD AND 4TH LUMBAR VERTEBRAE.

Wow, she's really in a bad way.
Is this the same person who was walking the halls yesterday?
SO, USAMI.
YOU'VE DONE IT AGAIN.
WHY WON'T YOU USE CANCER DRUGS?
DON'T PUSH YOUR EGO ONTO YOUR PATIENT.

IS SAVING LIVES
A DOCTOR'S ONLY JOB?
I AM A DOCTOR.

CERTAINLY MORE SO
THAN THIS MAN WHO SEES HIS PATIENTS ONLY AS GUINEA PIGS.

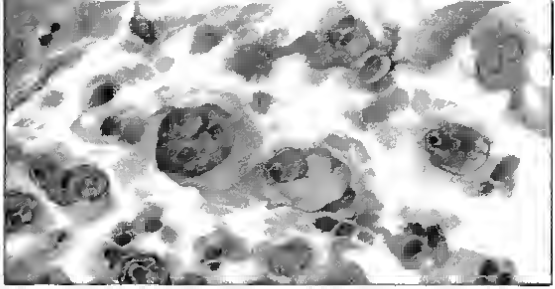
YEAH, YEAH...
SCHOOL'S STILL OUT, YA KNOW!

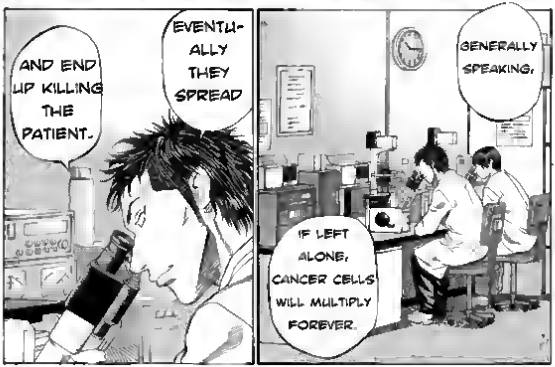
C'MON, GET OUTTA BED ALREADY!
THE NEW YEAR FESTIVITIES ARE OVER!

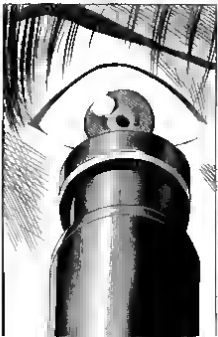
DIRTY CLOTHES GO IN THE WASHING MACHINE!
トン
トン
トン

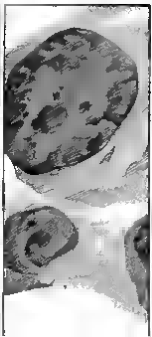
HONESTLY...
IT'S LIKE HAVING ANOTHER KID AROUND.

HEY, LAZY-BONES!
THAT GOES FOR YOU, TOO!




EVENTUALLY THEY SPREAD
AND END UP KILLING THE PATIENT.
GENERALLY SPEAKING,
IF LEFT ALONE, CANCER CELLS WILL MULTIPLY FOREVER.





THAT'S PRETTY MUCH
THE USUAL PERCEPTION OF CANCER, RIGHT?

WE'RE JUST DOING A LITTLE SHOPPING!
COULD JA MIND IT UP ALREADY?
BRRR

EVEN SAYING THAT CIGARETTES CAUSE CANCER
ISN'T STRICTLY TRUE.
STOMACH CANCER IS DIFFERENT FROM COLON CANCER
AND COLON CANCER IS DIFFERENT FROM LUNG CANCER.
CIGARETTES INCREASE THE INCIDENCE OF LUNG CANCER, BUT SUPPRESS BREAST CANCER.
EACH OF ABOUT 200 KINDS OF CANCER HAS ITS OWN UNIQUE TRAITS.
UNLESS YOU DIE OF OLD AGE OR ILLNESS BEFORE THAT HAPPENS.
WHICH MEANS YOU'RE CERTAIN TO GET CANCER IF YOU LIVE LONG ENOUGH...
THE FACT IS THAT ALL OF US HAVE ELEMENTS OF CANCER INSIDE US.
AND WHILE IT'S HARDLY COMMON KNOWLEDGE,

DR. SAITO,
DON'T LOOK SO UNEASY.
SO PRICEY! GUESS THEY'RE STILL OUT OF SEASON.
VEGETABLE
みさき台
YOU'LL FIND OUT SOON ENOUGH
WHO'S RIGHT.

I TALK TO MY TRIAL PATIENTS ABOUT EVERYTHING.

STARTING WITH THE FACT THAT THEY HAVE CANCER,
HOW FAR IT'S PRO-GRESSED,
THEIR OUTLOOK FOR RE-COVERY,

THEIR 6-MONTH AND 1-YEAR SURVIVAL RATES--
EVERYTHING, NO MATTER HOW HARSH OR UN-PLEASANT.

SAITO:
SO HERE'S A QUESTION FOR YOU,

#45
Disclosure Theory

IT'S LIKE IT'S ASLEEP... GOT NO FEELING.
WELL...I CAN'T MOVE IT.
IS YOUR LEFT FOOT ANY BETTER?
HOW ARE YOU DOING?

SO THAT LEAVES ONLY ONE EXPLANATION.
WE CHECKED YOU OUT WITH AN MRI,
BUT FOUND NO BRAIN ABNORMALITIES.

IT'S A SIDE EFFECT OF THE CANCER DRUG.
THIS NEW PANCRETIN IS BELIEVED TO CAUSE DEEP SENSORY DAMAGE.
MY TUMOR MARKER LEVELS WERE DOWN AGAIN TODAY.
DR. SHOJI,
WHAT DO YOU THINK?
IF YOU KEEP TAKING THE DRUG, YOU MAY ENCOUNTER EVEN WORSE SIDE EFFECTS.

THAT'S RIGHT.
AND IF MY TUMOR MARKER LEVELS ARE DOWN,
THAT MUST MEAN MY CANCER'S SHRINKING.

...TO STOP TAKING SOMETHING THAT WORKS SO WELL?
WELL, THEN WOULDN'T IT BE A SHAME

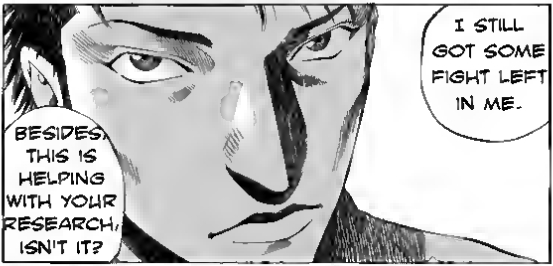
LISTEN, DOCTOR...
I HAVE CANCER.

THE SIDE EFFECTS HAVE MADE MY HAIR DROP OUT AND MESSED UP MY FOOT.
BUT MY TUMOR'S SHRUNK TO A FIFTH OF ITS SIZE.
STAGE II BILE DUCT CANCER. THEY TRIED TO CUT IT OUT, BUT IT HAD SPREAD MORE THAN THEY THOUGHT.
IT CAME BACK REAL QUICK, AND NOW I'M ON CANCER DRUGS.

*Stage: The extent to which cancer has spread. From I to IV. The smaller the number, the earlier the stage.

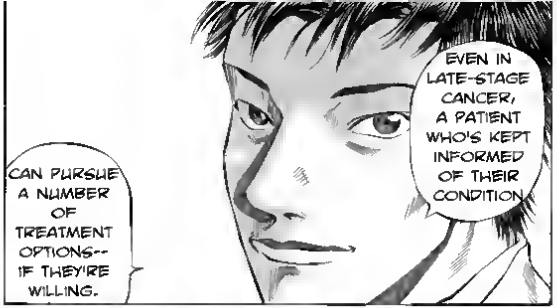
WHO ARE THEY TRYING TO KID?
THIS IS MY LIFE WE'RE TALKIN' ABOUT!
THE LAST HOSPITAL I WAS AT
NEVER TOLD ME ANYTHING ABOUT THIS STUFF.

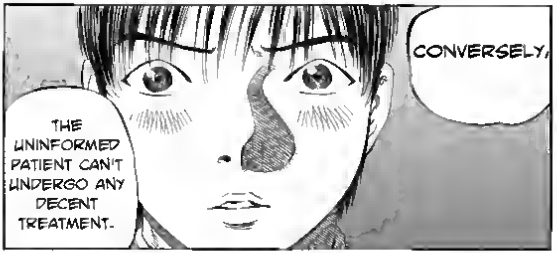
KEEP UP WITH THE TREAT-MENT.
DOCTOR...


I STILL GOT SOME FIGHT LEFT IN ME.
BESIDES, THIS IS HELPING WITH YOUR RESEARCH, ISN'T IT?

SHIFF

MORE PITIFUL, RIGHT?
THAT PATIENT WAS WONDERFUL.
I THOUGHT CANCER PATIENTS WOULD BE MORE...
NO ONE LIVES EACH AND EVERY DAY TO THE FULLEST LIKE THEY DO.
AND WE LET THAT GO UNNOTICED --WE'RE THE PITIFUL ONES.
REMEMBER OUR CHAT YESTERDAY?
WOULD YOU WANT TO BE TOLD IF YOU HAD CANCER?
AND IF A FAMILY MEMBER HAD CANCER?
OH-- AND YOU'D SAID THE WHOLE QUESTION WAS MISSING A MAJOR ASSUMPTION.


EVEN IN LATE-STAGE CANCER, A PATIENT WHO'S KEPT INFORMED OF THEIR CONDITION
CAN PURSUE A NUMBER OF TREATMENT OPTIONS-- IF THEY'RE WILLING.


CONVERSELY,
THE UNINFORMED PATIENT CAN'T UNDERGO ANY DECENT TREATMENT.

TAKING INTO ACCOUNT THE MEDICAL CIRCUMSTANCES,
WOULD YOUR ANSWERS CHANGE?

IF YOU HAD CANCER,
WOULD YOU WANT TO KNOW?
AND IF A FAMILY MEMBER HAD CANCER,
WHAT THEN?

I TELL THEM THE TRUTH.
THAT IS,
IF THERE'S ANY HOPE THERE.

Mine at mine!

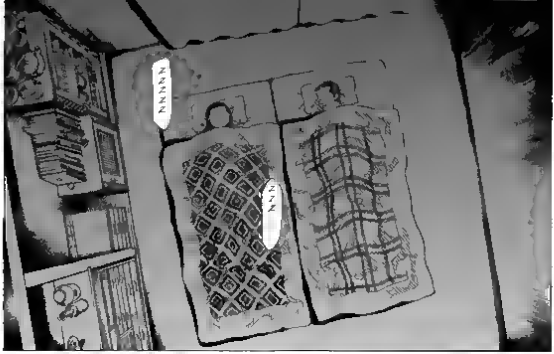
What's mine is mine!

And yours is mine!

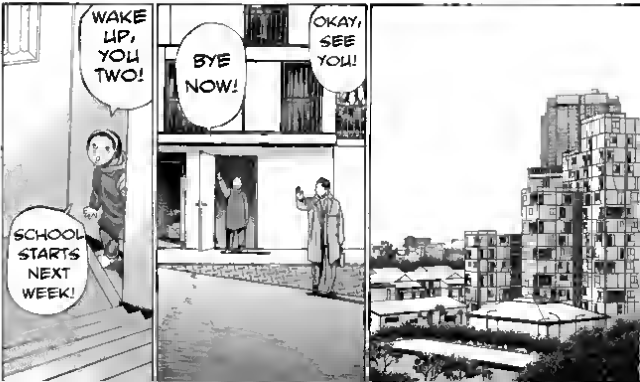
OR YOU'RE EATING TOO MANY ORANGES.

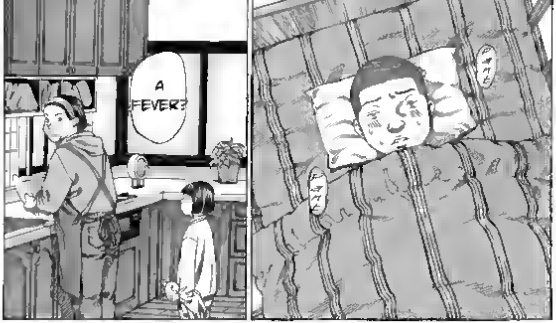
THE LIGHT IN THIS ROOM IS ON ITS LAST LEGS.
IT'S THE LIGHTING IN HERE.

IS IT ME, OR IS YOUR FACE LOOKING A LITTLE YELLOW?
HEY...


ZZZZZ
ZZZZ

IT'S NOTH-ING...
YOU'VE ALWAYS BEEN SUCH A WORRY-WART.
YOU KNOW,
YOU REALLY SHOULD STOP BY THE HOSPITAL.

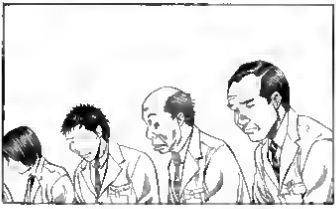

WAKE UP, YOU TWO!
SCHOOL STARTS NEXT WEEK!
BYE NOW!
OKAY, SEE YOU!


A FEVER?

I CAN GO BY MYSELF!
NOT IF YOU'RE DIZZY!
WHAT, ASHAMED TO BE SEEN WITH ME?

内科
外
婦人
OBSTETRICS & GYNECOLOGY / PEDIATRICS / SURGERY

YOU'RE JAUNDICED.
BUT YOU, MA'AM,
YOU'VE GOT A COLD.



bow

sniff

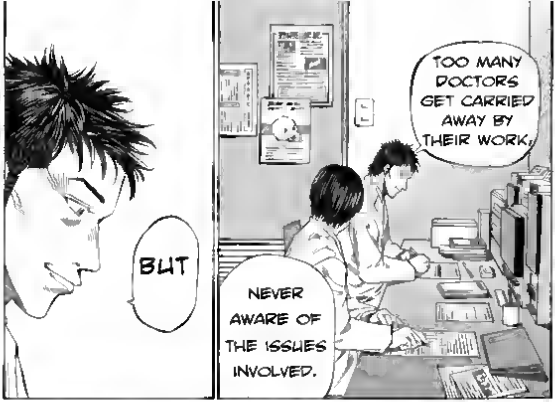
HOW'S THAT SHOJI?
slurp

I HAD HAD KIND OF A NEGATIVE IMPRESSION OF CANCER PATIENTS.
ACTUALLY,
OH... RIGHT.
HE'S TAUGHT ME SO MUCH.
SO I WAS REALLY MOVED!
WHO ELSE LIVES EACH AND EVERY DAY TO THE FULLEST LIKE THAT!?
YEP AMAZING.
WELL... I GUESS SO.
UH-HUH.
IT'S PRETTY AMAZING ...RIGHT?
I MEAN,

Shoof
THERE'S MORE THAN ONE KIND OF VALUES.
BUT THERE'S ONLY ONE TRUTH.
DON'T CHICKEN OUT.

CANCER DRUGS
ARE MEANING-LESS.
SAY, DR. SAITO ...
YOU HAVE SOME KIND OF TIES TO USAMI?
OH, UH...
NO, I DON'T.

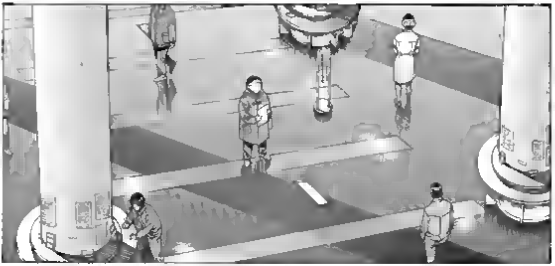
I KNOW IT SHRINKS TUMORS AND CAN EXTEND LIFE,
BUT ONLY A FEW PEOPLE HAVE BEEN TOTALLY CURED, RIGHT?
ER, CAN I ASK YOU SOME-THING?
WHAT'S THE DEAL WITH THIS CANCER DRUG?
IF SO,
HOW MEANINGFUL CAN THE DRUG BE TO THE REST?
I LIKE YOU.
DR. SAITO,

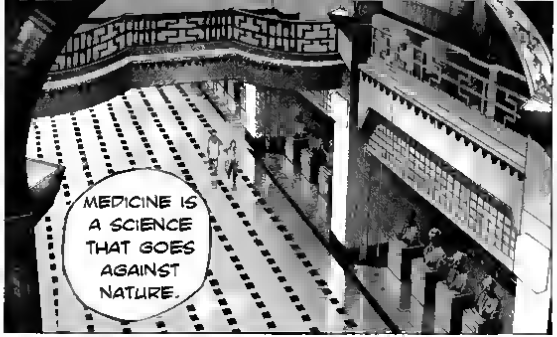

BUT
NEVER AWARE OF THE ISSUES INVOLVED.
TOO MANY DOCTORS GET CARRIED AWAY BY THEIR WORK.

THAT YOU'D NEVER GO AGAINST YOUR TEACHER'S METHODS?
DIDN'T YOU PROMISE THE RESIDENT SOMETHING?

I'M ONE OF YOUR TEACHERS NOW.
WELL, DON'T FORGET.

4TH SURGERY
DEPT.



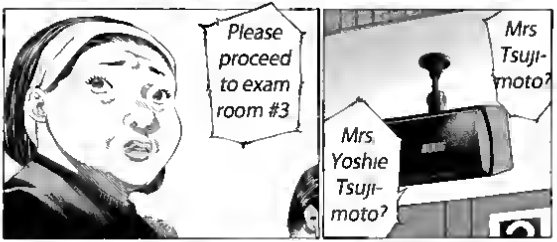

MEDICINE IS A SCIENCE THAT GOES AGAINST NATURE.

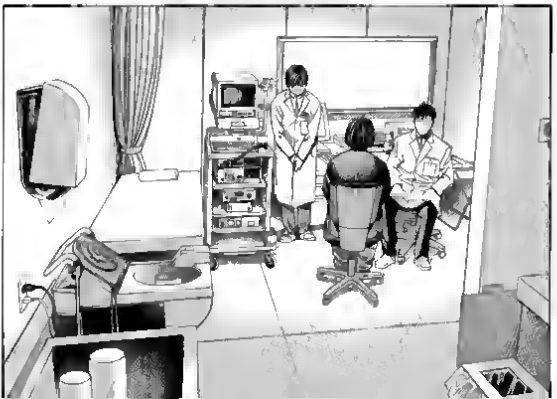
IF YOU GET SICK AND DO NOTHING, YOU'LL DIE.
TRYING TO CURE SICKNESS WITH DRUGS AND THE LIKE: THAT'S MEDICINE.

IN OTHER WORDS,
MEDICINE IS AN UNNATURAL DEFIANCE OF NATURE.

AND IF THAT'S TRUE,
IT FLIES IN THE FACE OF DEATH.

NO MATTER WHAT THE SIDE EFFECTS MAY BE,
#46
Behind the Smile
A DOCTOR WHO DENIES CANCER DRUGS IS NO DOCTOR AT ALL.


Please proceed to exam room #3
Mrs. Yoshie Tsuji-moto?
Mrs. Tsuji-moto?



GOOD MORNING.
I'M DR. SHOJI, WITH THE 4TH SURGERY DEPT. HERE AT EIROKU UNIVERSITY HOSPITAL.

DR. SAITO,
PUT UP THESE FILMS.
UM...THE NOMURA CLINIC TOLD ME TO COME HERE...
HERE'S MY REFERRAL LETTER AND MY CT AND WHATNOT.

HAVE YOU LOOKED AT THE REFERRAL?
NO ---
HMM.
IT SEEMS THERE'S A LITTLE SHADOW HERE ON THE PANCREAS.
Referral & Consultation Notes
Pancreatic cancer
DO I HAVE SOME KIND OF DISEASE?
SO, UH...

PANCREATIC CANCER.
AT THIS SIZE, IT PROBABLY WON'T HAVE SPREAD
THERE'S A SHADOW HERE JUST OVER 3/4" ACROSS.
AHA ---

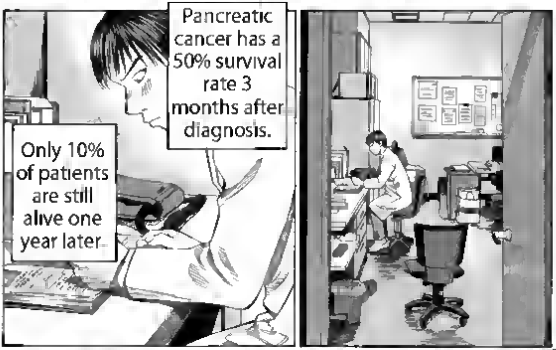
LET'S GET YOU ADMITTED HERE TOMORROW.
WE'LL HAVE YOU TAKE SOME TESTS.
THE RESULTS WILL TELL US MORE.
THIS IS GOOD NEWS--
IT'S SMALL ENOUGH TO CUT RIGHT OUT!

HUH? YES, I KNOW YOU'RE WORKING.
HI...

I'M GOING INTO THE HOSPITAL TOMORROW.
I DON'T REALLY UNDERSTAND...

I'LL PROBABLY BE FINE.
I MEAN... CANCER. YOU CAN IMAGINE MY SURPRISE.

I MEAN, HE OUT-RIGHT TOLD ME IT WAS CANCER.
IF IT'D BEEN SOMETHING INCURABLE,
NO WAY WOULD HE HAVE SAID ANYTHING, RIGHT?
WOW, MOM!
HECK OF A SPREAD TONIGHT!


Pancreatic cancer has a 50% survival rate 3 months after diagnosis.
Only 10% of patients are still alive one year later.

IS AN ES-PECIALLY DIFFICULT ONE.
PANCRE-ATIC CANCER
THEY HAVE IT RIGHT.

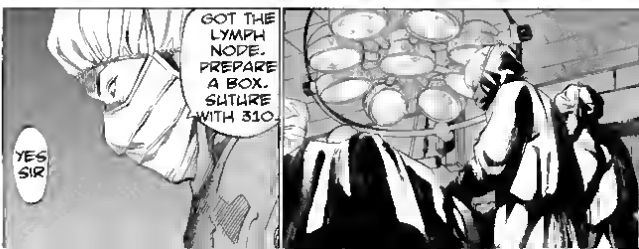
IT DOUBLES IN SIZE IN JUST 3 WEEKS.
NOT ONLY IS THE SURGERY ITSELF CHALLENGING,
BUT THE CANCER PROGRESSES TERRIFICALLY FAST.
THERE WAS DISCLOSURE, RIGHT?
I SAID IT WAS PANCREATIC CANCER.
WHY DIDN'T YOU TELL HER ALL THAT?
BUT...
AND NOW I HAVE AN ALIBI.
NO THREAT OF BEING SUED FOR NOT DISCLOSING THE DISEASE.

I TELL THEM THE TRUTH.
THAT IS, IF WHAT THEY'RE TOLD
CHANGES SOMETHING SOMEHOW.
SO WE TAKE OUT THE TUMOR IN SURGERY AND THAT'S THAT.
GOING BY THE CT AND FILMS OF THE PANCREAS, IT HASN'T METASTASIZED.

IF THAT HAPPENS, WE CAN'T GET IT WITH SURGERY.
AND SPREAD INTO OTHER PARTS OF THE BODY.
IT CAN GET INTO THE BLOOD-STREAM
A SINGLE ONE LEFT BEHIND CAN SPARK THE GROWTH OF NEW TUMORS.
BUT WITH CANCER CELLS,
WHETHER WE CAN GET ALL OF IT OUT--RIGHT NOW.
IT ALL COMES DOWN TO
IN 10 DAYS, THEY SAID.
THEY'RE SWAMPED OVER THERE; THIS WEEK IS BOOKED UP.
WHEN CAN THEY DO THE REST OF HER CTS?
DR. SAITO,

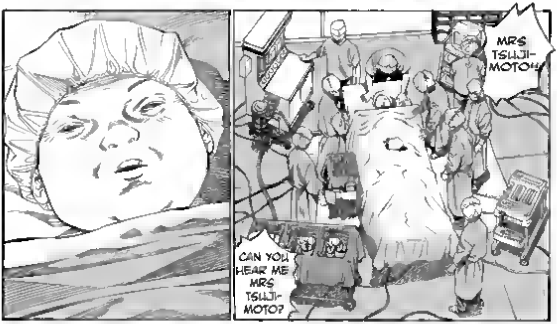
WE DON'T HAVE 10 DAYS.
AS SOON AS THESE CURRENT TESTS ARE DONE, WE CUT.
AND SO IT BEGINS.
THE BIG GAMBLE.

IN SURGERY



Miss Akagi...

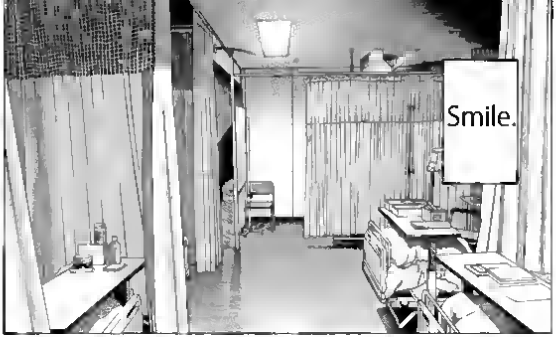
IN SURGERY
Mrs Tsuji-moto?
Mrs Tsuji-moto?

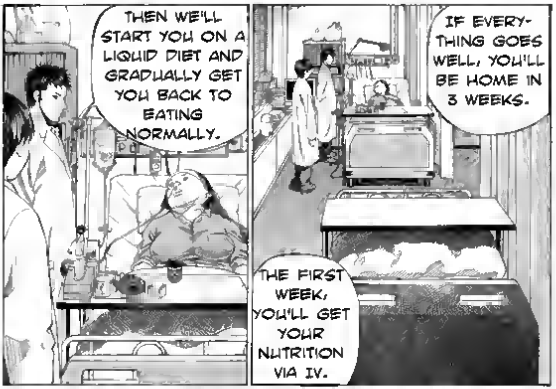

MRS TSUJI-MOTO?
CAN YOU HEAR ME MRS TSUJI-MOTO?

GOD ONLY KNOWS.
IF THERE'S ANYTHING LEFT BEHIND, WELL...
WE'VE TAKEN OUT WHAT TUMOR WE CAN SEE.
NOW, THEN...

A TOUCH OF ACTING ABILITY
IS A PRE-REQUISITE FOR BEING A DOCTOR.
DR. SAITO,
DON'T MAKE THAT FACE.
PULL YOURSELF TOGETHER.
SHE'S WAKING UP.
hat

CONGRATU-
LATIONS!
THE
OPERATION
WAS A
SUCCESS!


Smile.


THEN WE'LL START YOU ON A LIQUID DIET AND GRADUALLY GET YOU BACK TO EATING NORMALLY.
IF EVERYTHING GOES WELL, YOU'LL BE HOME IN 3 WEEKS.
THE FIRST WEEK, YOU'LL GET YOUR NUTRITION VIA IV.

THE OPERATION WAS A SUCCESS.
Smile.
THIS IS SUCH GOOD NEWS.
WE GOT THE TUMOR OUT, NICE AND CLEAN.

#47
The Operation Was a Success
JUST IN CASE,
WE'LL START YOU ON CANCER DRUGS.

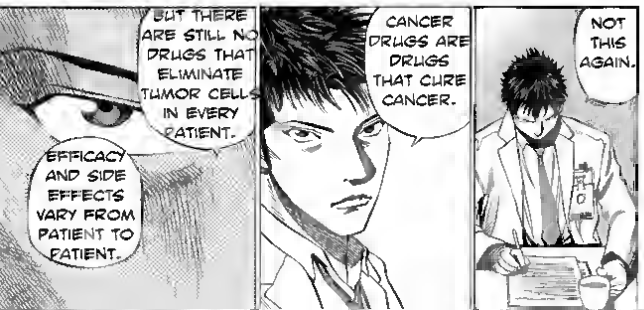
DIDN'T STUDY MUCH IN COLLEGE, HUH?
DR. SAITO,
IF THE SURGERY WAS SUCCESSFUL,
WHY PUT HER ON CANCER DRUGS?

WE GOT EVERYTHING WE COULD SEE.
CAN'T WE CALL THAT A SUCCESS?

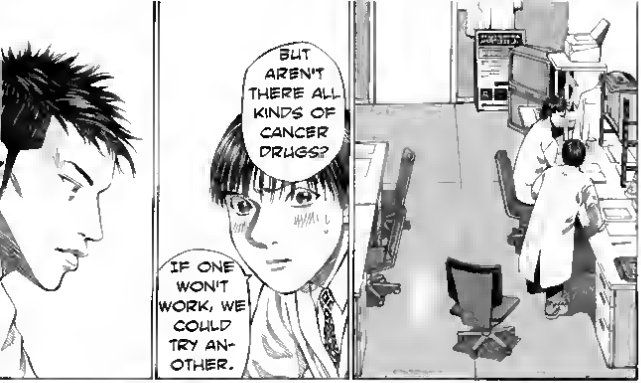
I'M NOT SAYING IT WAS A FAILURE,
ONLY THAT WE WON'T KNOW EITHER WAY UNTIL YEARS LATER WHEN IT HASN'T RECURRED.
IF IT WERE REALLY A SUCCESS, WE WOULD HAVE GOTTEN EVERY LAST CANCER CELL!
SURE --
RIGHT NOW, NONE OF US KNOW.
HENCE THE CANCER DRUGS, JUST IN CASE.
SHOULDN'T YOU TELL THE PATIENT, TOO?
TH-THEN
SSIP

CANCER DRUGS
DON'T ALWAYS WORK ON EVERY-BODY.

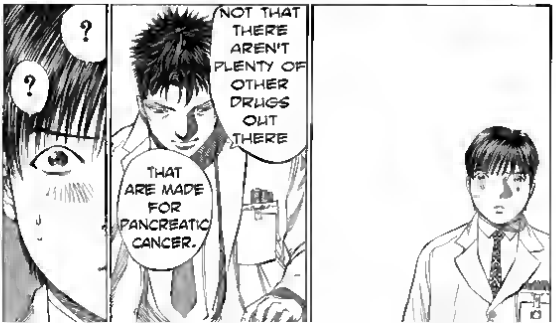
THEN WHAT'S THE POINT?
SIGH


BUT THERE ARE STILL NO DRUGS THAT ELIMINATE TUMOR CELLS IN EVERY PATIENT.
EFFICACY AND SIDE EFFECTS VARY FROM PATIENT TO PATIENT.
CANCER DRUGS ARE DRUGS THAT CURE CANCER.
NOT THIS AGAIN.

IF YOU REALLY DON'T LIKE THE WAY WE DO THINGS AT EIROKU,
WHY ARE YOU STILL HERE!?
YOU WANT TO KNOW EVERY-THING?
THE ONLY THING THAT'LL GET YOU
IS DESPAIR.


BUT AREN'T THERE ALL KINDS OF CANCER DRUGS?
IF ONE WON'T WORK, WE COULD TRY ANOTHER.

NO, WE CAN'T.
OUR ONLY OPTION WITH PANCREATIC CANCER IS GEMZAR.


?
?
NOT THAT THERE AREN'T PLENTY OF OTHER DRUGS OUT THERE
THAT ARE MADE FOR PANCREATIC CANCER.

ER...
SOME OF THE PANCREATIC CANCER DRUGS USED WORLD-WIDE INCLUDE
GEMZAR, IRINOTECAN,
ISOVORIN, CISPLATIN...

THERE ARE A NUMBER OF EFFECTIVE CANCER DRUGS THROUGHOUT THE WORLD.
ANYWAY, IT'S LIKE THIS.

34
BUT IF GEMZAR DOESN'T WORK,
THAT MRS. TSUJIMOTO HAS NO HOPE.

THAT'S BECAUSE
OF ALL THOSE DRUGS I JUST RATTLED OFF, ONLY GEMZAR CAN BE USED IN JAPAN.
AND IT'S NOT JUST PANCREATIC CANCER--
MOST OF THE CANCER DRUGS USED OVERSEAS AREN'T APPROVED HERE.

WHY NOT?
THE WAY WORKS NOW,
IT TAKES AT LEAST 10 YEARS TO APPROVE A DRUG THAT'S ALREADY APPROVED OVERSEAS.
FOR ONE THING, THE MINISTRY OF HEALTH, LABOUR AND WELFARE HASN'T OKAYED THEM.
AND THAT'S NOT EVEN THE HALF OF IT.
IT'S ALMOST AS THOUGH WE HAVE NO CANCER DRUG SPECIALISTS HERE.

IT IS?
BUT AREN'T YOU A CANCER DRUG SPECIALIST?

I'M A SURGEON.

WE HAVE SURGEONS WORKING WITH CANCER DRUGS ON THE SIDE.
THERE ARE NO MEDICAL ONCOLOGISTS IN JAPAN.
STEP INTO ANY HOSPITAL IN THE WEST
AND THERE'LL BE A MEDICAL ONCOLOGIST, AN INTERNIST SPECIALIZING IN CANCER DRUGS.

A SURGEON RESEARCHING CANCER DRUGS.
I'M SURE THOSE COUNTRIES DON'T HAVE ANYONE LIKE ME,
フト
ちくしょう

IF THE PATIENT KNOWS ALL THIS: THEY'RE GETTING GEMZAR.
IT DOESN'T MATTER
HAVING NO RESEARCHERS MAKES THE ROAD TO APPROVAL THAT MUCH LONGER.

ヒョウ
ヒョウ
THERE'S STILL DESPAIR WAITING ON THE OTHER SIDE.
AND IF THE GEMZAR DOESN'T WORK OUT,

DOESN'T THAT HAVE ANY PROMISE?
WHAT ABOUT THE PANCRETIN IN YOUR TRIAL?
BUT

OVER A SET PERIOD ON SELECTED CANDIDATES.
TRIALS ARE EXPERIMENTS USING NEW, GENERALLY UNAPPROVED DRUGS

IS CLOSED TO NEW CANDIDATES.
THE PANCRETIN TRIAL

GIVEN THESE MEDICAL CIRCUM-STANCES,
glug
glug
DO YOU THINK WE SHOULD TELL THE PATIENT EVERYTHING?
glug
glug
glug
glug
"THERE'S A DRUG FOR THIS,
BUT WE CAN'T USE IT ON YOU."

IT'S HELL IF THEY KNOW
AND HELL IF THEY DON'T KNOW.
EOK
PICK WHICHEVER YOU LIKE.
?
CHOOSE.

EITHER WAY,
THEY'RE BOTH FULL OF DESPAIR.

IT'S YOUR DOCTOR'S IDEA.

YOU'LL HAVE TO ASK HIM ABOUT IT.

Um..

If the surgery was a success, why are you giving me cancer drugs?

There's a good drug, but we can't use it—

telling her would just be cruel.

He's right

It makes no difference if she knows or not, so she's better off in the dark

And besides,
who knows if the cancer will come back?

HER LUNG CT--THE ONE WE DIDN'T TAKE BEFORE
HUH?
DR. SAITO,
LOOKS LIKE WE DON'T HAVE TO WORRY ABOUT MRS. TSUJIMOTO'S CANCER RECURRING.

SHE...
IT'S ALREADY METASTASIZED TO HER LUNGS.

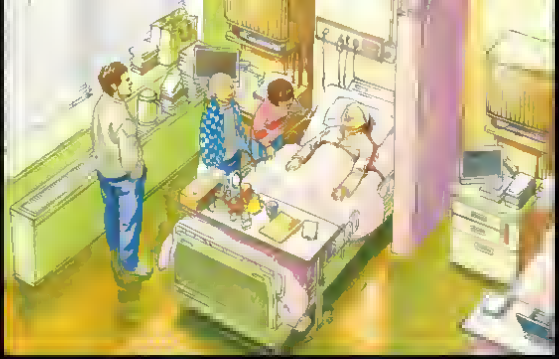
WE GAMBLED,
AND WE LOST.

Smile.
Good morning Doctor
Beautiful weather we're having.
GOOD MO-ORNING!
...
ISN'T IT?

Doctor..
hold me.
It's so hard.
I'm not even sure
I want to go on living like this.

#48
An All-Too-Familiar Scene

FAMILY CONSULTATION ROOM
WHEN SHE SAID IT WAS CANCER, IT TOOK ME COMPLETELY BY SURPRISE
YOU KNOW,
BUT THE OPERATION WAS A SUCCESS
HER BILE DUCT AND GI SUTURES ARE LOOKING GOOD, TOO
I CAN SEE HOW THAT COULD HAPPEN
HA HA HA!
YOU'RE NOT DONE BEING SURPRISED, MR TSUJIMOTO-
SHE'S GOING TO GET STRONGER FROM HERE ON OUT
TOMORROW SHE'LL FINALLY START A LIQUID DIET



IT JUST HURTS THEM.
BECAUSE TELLING THEM HELPS NO ONE

I DON'T TELL THE FAMILY EVERY-THING, EITHER
DO YOU KNOW DR. SAITO?

I DON'T WANT TO WIPE THOSE SMILES OFF THEIR FACES
THAT'S RIGHT

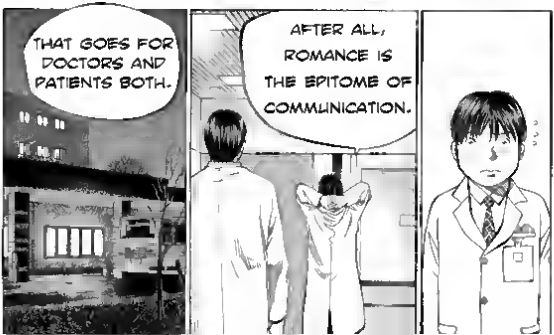
92

WE'LL BE SUITABLY IMPRESSED AND PRAISE HER FOR HER PROGRESS.
THUS THE PATIENT WILL BE CONVINCED THAT HER CANCER IS ALL BETTER.
MEANWHILE,
THE PATIENT WILL RECOVER HER STRENGTH DAY BY DAY.
WHEN DOES SHE START CHEMO-THERAPY?
IN 2 WEEKS.
THAT BELIEF
IS CRUCIAL FOR THE TREATMENT AHEAD.
OUR DATA HERE POSITS A 15% SURVIVAL RATE AT 6 MONTHS.
IT'S METASTA-SIZED TO HER LUNGS.
WHICH MEANS IT'S NOW STAGE IV.

HEY, SAITO...
DO YOU HAVE A GIRL-FRIEND?

HUH?

YOU GOTTA HAVE PASSION, MAN.
THE ABILITY TO LOVE IS YET ANOTHER PREREQ FOR BEING A DOCTOR.

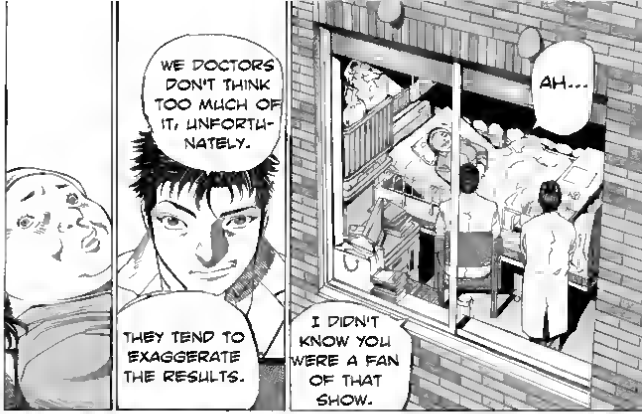

THAT GOES FOR DOCTORS AND PATIENTS BOTH.
AFTER ALL, ROMANCE IS THE EPITOME OF COMMUNICATION.

And with that,
our topic today is cancer.

Ha ha ha!
The 40s are the prime of a woman's life!
But it's also a time of great change.

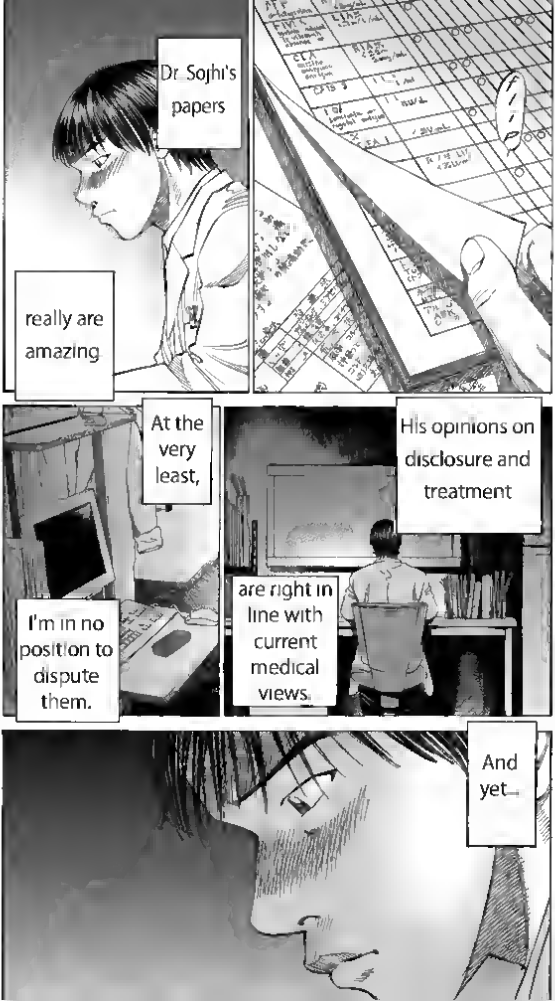
Ladies, did you know?
They say an ounce of prevention is worth a pound of cure.

We'll be discussing a cancer-fighting onion cure
You can protect your own body!
Don't leave it all up to your doctors!

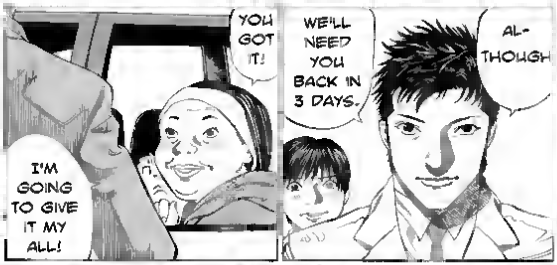

WE DOCTORS DON'T THINK TOO MUCH OF IT, UNFORTUNATELY.
THEY TEND TO EXAGGERATE THE RESULTS.
AH...
I DIDN'T KNOW YOU WERE A FAN OF THAT SHOW.

BUT ME, I LIKE IT.
"DOCTORESE" CAN BE SO DIFFICULT TO UNDERSTAND.

RIGHT,
DR. SAITO?
ALTHOUGH
I MIGHT BE A TAD TOO FAR ON THE CASUAL SIDE!


Dr. Sojhi's papers
really are amazing
At the very least,
I'm in no position to dispute them.
His opinions on disclosure and treatment
are right in line with current medical views.
And yet...

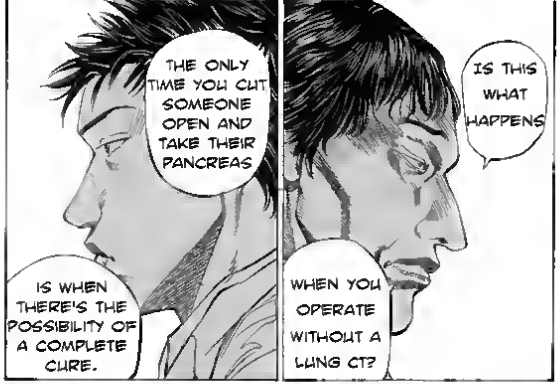
CONGRATULATIONS ON GOING HOME!

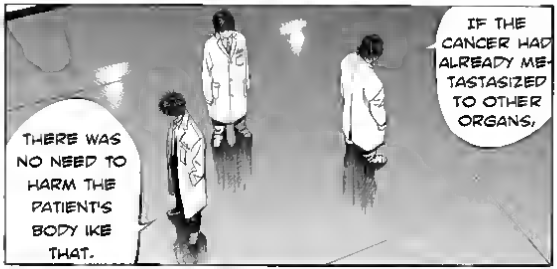

I'M GOING TO GIVE IT MY ALL!
YOU GOT IT!
WE'LL NEED YOU BACK IN 3 DAYS.
AL-THOUGH

I'M STAYING POSITIVE!
SURE THING!
AS LONG AS YOU KEEP FIGHTING, WE'LL BE RIGHT THERE WITH YOU!
THAT'S THE SPIRIT!

БОК
БОК
БОК
БОК
БОК

ТОК


THE ONLY TIME YOU CUT SOMEONE OPEN AND TAKE THEIR PANCREAS
IS THIS WHAT HAPPENS
IS WHEN THERE'S THE POSSIBILITY OF A COMPLETE CURE.
WHEN YOU OPERATE WITHOUT A LUNG CT?


IF THE CANCER HAD ALREADY METASTASIZED TO OTHER ORGANS,
THERE WAS NO NEED TO HARM THE PATIENT'S BODY IKE THAT.

THERE WAS A CHANCE IT HADN'T SPREAD.
PANCREATIC CANCER WOULD HAVE GROWN EVEN WHILE WE WERE WAITING FOR THE CT RESULTS.

THE PATIENT SHOULD DECIDE WHETHER TO OPERATE.
MEDICINE ISN'T A GAMBLE.
YOU SHOULD HAVE TOLD HER EVERYTHING.
YET ANOTHER REASON

S P I P
DR. SAITO.
PREPARE A BUTTERFLY NEEDLE.
YES, SIR.
Huh!
So you don't swallow cancer drugs.
ALL RIGHT, MRS. TSUJIMOTO.
HANG IN THERE, OKAY?

D
R
P

Drip
Drip
ジェムザール
3A
Drip
Drip

HELLO, MA'AM!
IT'S YOUR MEALTIME!
ARE YOU ALL RIGHT?
SHALL I CALL THE DOCTOR?
No
I'm just feeling a little blah.

DR. SAITO.
SOON YOU'LL UNDER-STAND

TINK
TINK
TINK

HOW IMPORTANT MRS. TSUJI-MOTO'S BELIEFS ARE
WHEN IT COMES TO HER TREATMENT.

BLEARRRGH!
LURRRGH!
PANT
PANT
PANT
PANT
PANT

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